

State: District of Columbia **Filing Company:** Ameritas Life Insurance Corp.
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: Indiv. 9000 Rev. 07-20-Dental Rates
Project Name/Number: Indiv. 9000 Rev. 07-20-Dental Rate/Indiv. 9000 Rev. 07-20-Dental Rate

Filing at a Glance

Company: Ameritas Life Insurance Corp.
 Product Name: Indiv. 9000 Rev. 07-20-Dental Rates
 State: District of Columbia
 TOI: H10I Individual Health - Dental
 Sub-TOI: H10I.000 Health - Dental
 Filing Type: Rate
 Date Submitted: 01/15/2020
 SERFF Tr Num: AMFA-132221744
 SERFF Status: Pending State Action
 State Tr Num:
 State Status:
 Co Tr Num: INDIV. 9000 REV. 07-20-DENTAL RATE
 Implementation: On Approval
 Date Requested:
 Author(s): Pat Peterson, Mary Chmelka, Jennie Bell, Tonya Wilken, Kate McCown, Erin Shiley
 Reviewer(s): Darniece Shirley (primary), John Morgan
 Disposition Date:
 Disposition Status:
 Implementation Date:

State: District of Columbia **Filing Company:** Ameritas Life Insurance Corp.
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health - Dental
Product Name: Indiv. 9000 Rev. 07-20-Dental Rates
Project Name/Number: Indiv. 9000 Rev. 07-20-Dental Rate/Indiv. 9000 Rev. 07-20-Dental Rate

General Information

Project Name: Indiv. 9000 Rev. 07-20-Dental Rate
Project Number: Indiv. 9000 Rev. 07-20-Dental Rate
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Deemer Date:
Submitted By: Pat Peterson
Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 01/29/2020
State Status Changed:
Created By: Pat Peterson
Corresponding Filing Tracking Number:

Filing Description:

Re: Ameritas Life Insurance Corp.
NAIC # 943-61301
FEIN # 47-0098400

Dear Sir/Madam:

Enclosed for your approval is our Individual rate memo and manual. These rates will be used with our Individual Dental policy Indiv. 9000 DC Rev. 02-19 that was approved by your Department on 12/4/2019 under SERFF tracking AMFA-131888214 . The proposed effective date for these rates will be 7/1/2020.
If you should have any questions, please don't hesitate to contact Pat Peterson, 800-745-1112, ext. 87200, or email ppeterson@ameritas.com.

Pat Peterson
Sr. Contract Analyst

Company and Contact

Filing Contact Information

Pat Peterson, Contract Analyst
475 Fallbrook Blvd.
Lincoln, NE 68521
ppeterson@ameritas.com
402-467-7200 [Phone]
402-309-2573 [FAX]

Filing Company Information

Ameritas Life Insurance Corp.	CoCode: 61301	State of Domicile: Nebraska
5900 O Street	Group Code: 943	Company Type:
P O Box 81889	Group Name:	State ID Number:
Lincoln, NE 68501-1889	FEIN Number: 47-0098400	
(800) 756-1112 ext. [Phone]		

Filing Fees

Fee Required? No

State:	District of Columbia	Filing Company:	Ameritas Life Insurance Corp.
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Indiv. 9000 Rev. 07-20-Dental Rates		
Project Name/Number:	Indiv. 9000 Rev. 07-20-Dental Rate/Indiv. 9000 Rev. 07-20-Dental Rate		

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	Ameritas Life Insurance Corp.
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Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Darniece Shirley	01/29/2020	01/29/2020

Response Letters

Responded By	Created On	Date Submitted
Tonya Wilken	01/29/2020	01/29/2020

State: District of Columbia **Filing Company:** Ameritas Life Insurance Corp.
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/29/2020
Submitted Date	01/29/2020
Respond By Date	02/05/2020

Dear Pat Peterson,

Introduction:

Thank you for submitting this filing. The State has some questions to help us better understand the filing. Please see below and respond accordingly.

Objection 1

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Rate Manual, [Indiv. 9000 DC Rev. 02-19] (Rate)

Comments: Please update the Rate Information section in the Rate/Rule Schedule tab to reflect the change germane to DC policyholders, i.e. in 11. Effect of Proposed Changes notes the proposed change in DC is 3.6%, yet the Rate Information currently indicates 3.2%.

Objection 2

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Rate Manual, [Indiv. 9000 DC Rev. 02-19] (Rate)

Comments: Please provide the number of covered lives for the 170 DC policyholders.

Objection 3

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Side by Side Comparison (Supporting Document)
- Rate Manual, [Indiv. 9000 DC Rev. 02-19] (Rate)

Comments: Please provide the average annual premium before and after the proposed rate change.

Conclusion:

Sincerely,
Darniece Shirley

State:	District of Columbia	Filing Company:	Ameritas Life Insurance Corp.
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Indiv. 9000 Rev. 07-20-Dental Rates		
Project Name/Number:	Indiv. 9000 Rev. 07-20-Dental Rate/Indiv. 9000 Rev. 07-20-Dental Rate		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/29/2020
Submitted Date	01/29/2020

Dear Darniece Shirley,

Introduction:

Response 1

Comments:

We apologize. The SERFF rate information should have been 3.3%. The 3.2% was a typo.

The memo has been updated. A pivot was not updated before pdf generation.

Related Objection 1

Applies To:

- Rate Manual, [Indiv. 9000 DC Rev. 02-19] (Rate)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please update the Rate Information section in the Rate/Rule Schedule tab to reflect the change germane to DC policyholders, i.e. in 11. Effect of Proposed Changes notes the proposed change in DC is 3.6%, yet the Rate Information currently indicates 3.2%.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC Individual Memo ALIC 2020 v02.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC Individual Memo ALIC 2020 v01.pdf

State:	District of Columbia	Filing Company:	Ameritas Life Insurance Corp.
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Indiv. 9000 Rev. 07-20-Dental Rates		
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Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>DC Individual Memo ALIC 2020 v01.pdf</i>

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	DC Individual Memo ALIC 2020 v02.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>DC Individual Memo ALIC 2020 v01.pdf</i>

State:	District of Columbia	Filing Company:	Ameritas Life Insurance Corp.
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Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>DC Individual Memo ALIC 2020 v01.pdf</i>
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	DC Individual Memo ALIC 2020 v02.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>DC Individual Memo ALIC 2020 v01.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Total covered lives is 184.

State:	District of Columbia	Filing Company:	Ameritas Life Insurance Corp.
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Product Name:	Indiv. 9000 Rev. 07-20-Dental Rates		
Project Name/Number:	Indiv. 9000 Rev. 07-20-Dental Rate/Indiv. 9000 Rev. 07-20-Dental Rate		

Related Objection 2

Applies To:

- Rate Manual, [Indiv. 9000 DC Rev. 02-19] (Rate)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please provide the number of covered lives for the 170 DC policyholders.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC Individual Memo ALIC 2020 v02.pdf
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Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC Individual Memo ALIC 2020 v01.pdf

State:	District of Columbia	Filing Company:	Ameritas Life Insurance Corp.
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
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Satisfied - Item:	Actuarial Justification
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Comments:	
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

For DC, the average annual premium before the proposed change is \$700, and after the proposed change, it is \$723.

Related Objection 3

State:	District of Columbia	Filing Company:	Ameritas Life Insurance Corp.
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Indiv. 9000 Rev. 07-20-Dental Rates		
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Applies To:

- Rate Manual, [Indiv. 9000 DC Rev. 02-19] (Rate)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Side by Side Comparison (Supporting Document)

Comments: Please provide the average annual premium before and after the proposed rate change.

Changed Items:

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Satisfied - Item:	Actuarial Memorandum
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Previous Version	
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Comments:	
Attachment(s):	DC Individual Memo ALIC 2020 v01.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
 Tonya Wilken

State:	District of Columbia	Filing Company:	Ameritas Life Insurance Corp.
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
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Project Name/Number:	Indiv. 9000 Rev. 07-20-Dental Rate/Indiv. 9000 Rev. 07-20-Dental Rate		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	12/04/2019
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	AMFA-131888214

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Ameritas Life Insurance Corp.	3.300%	3.300%	\$3,873	170	\$119,014	15.000%	-15.000%

State: District of Columbia Filing Company: Ameritas Life Insurance Corp.
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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual	Indiv. 9000 DC Rev. 02-19	Revised	Previous State Filing Number: AMFA-131888214 Percent Rate Change Request: 3.3	DC Individual Manual ALIC 2020 v00.pdf,

AMERITAS LIFE INSURANCE CORP
Rating Manual Table of Contents
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table of Contents

	<u>Page</u>
Introduction	1
 <u>Dynamic Rating</u>	
Rate Calculation Overview	2
Tables	
Section 1: Claim Costs	
Claims Cost Factors	3
Utilization Factors	4
Deductible Factors	5
Waiting Period Factors	6
Section 2: Claims Adjustments	
Annual Maximum Factors	7 to 8
Prior Coverage Factors	9
Network Discount	10
Trend	11
Area Factors	12 to 22
Network and U&C Factors	23
Section 3: Expenses	
Expense Exhibit	24
Section 4: Rates	
Tier Relatives and Distribution Factors	25
Other Coverages and Expenses	26
Sample Rate Calculation	27 to 28
 <u>Static Rating</u>	
Legacy	
Edge Products	
Plans	29
Area Factors	30 to 36
Schedules and Hybrid Plans	
Schedule Plans	37
U&C - Schedule Combination Plans	38

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Introduction

The following pages describe the process for calculating premiums for an individual dental policy. Also included are benefits for vision, LASIK, hearing, and teeth whitening.

The rate manual is broken into two main sections, dynamic rating and static rating.

The dynamic rating section describes products with flexible plan designs. Rate tables and an example rate calculation demonstrate rate development given different plan design inputs.

The static rating section describes plans that are fixed in nature; plan design features cannot be changed. This section includes a legacy product and a number of schedule and hybrid schedule plans (part coinsurance, part schedule).

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Individ. 9000 DC Rev 02-19

Rate Calculation Overview

Section 1: Claim Cost

1. The rate calculation begins by summing the base claim costs for each type (preventive, basic, major, child ortho, and adult ortho). Each claim category (table 1a and 1b) is assigned to a type by the plan design.
2. Base claim costs are adjusted by plan design elements. Dental adjustments are applied by preventive, basic, and major as well as by In-Network and Out-of-Network. Ortho adjustments are applied by child ortho and adult ortho. All adjustments are multiplicative.

Section 2: Claims Adjustments

1. Claim costs are summed by In-Network, Out-of-Network, child ortho, and adult ortho.
2. Plan design adjustments are applied to the claim costs by In-Network, Out-of-Network, child ortho, and adult ortho. All adjustments are multiplicative.

Section 3: Expenses

1. Dental adjusted claim costs are combined using INN/OON Distribution. Child ortho and adult ortho are each separate.
2. Expenses are applied by dividing each In-Network, Out-of-Network, child ortho, and adult ortho final claims by the expense ratio.

Section 4: Rates

1. Dental Premium is converted to a rate for each rate tier utilizing contract distribution and tier relatives.
2. Child and adult ortho are converted to a rate for each rate tier utilizing contract distribution.
3. Additional coverages are then applied to the rates by rate tier to determine the final premium by rate tier.

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Claim categories can be assigned to a type (preventive, basic, major, or not covered) according to table 1a. If ortho is chosen, benefits options are listed in table 1b. Table 2 describes adjustments for alternate frequency options.

Table 1a: Basic Claim Costs

Claim Category	Monthly Claim Costs	Possible Service Placement
01: Evaluations	10.01	Preventive, Basic
01: X Rays – Bitewings	4.38	Preventive, Basic, Major
01: X-Rays – Other	3.22	Preventive, Basic, Major
02: Routine Dental Prophylaxis—Cleanings	14.38 *	Preventive, Basic
02: Fluoride Treatments	0.40	Preventive, Basic
02: Sealants	0.50	Preventive, Basic, Major
02: Space Maintainers	0.26	Preventive, Basic, Major
03: Basic Restorative—Fillings	12.91	Preventive, Basic, Major
04: Major Restorative—Inlays, Onlays, Crowns	18.48	Major
05: Endodontics	4.91	Basic, Major
06: Periodontics	5.05	Basic, Major
07: Removable Prosthodontics	1.93	Basic, Major
08: Fixed Prosthodontics – Bridges, Dentures	3.14	Basic, Major
08: Fixed Prosthodontics - Implants	6.85	Major
09: Basic Oral Surgery - Simple Extractions	0.66	Basic, Major
09: Complex Oral Surgery	4.28	Basic, Major
10: Teeth Whitening	4.33	Major
11: Adjunctive General Services	0.19	Basic, Major

* For a plan that includes an extra cleaning (three cleanings versus the normal two), the "Routine Dental Prophylaxis—Cleanings" category above would be increased by 5% to 15.10.

Table 1b: Orthodontia Claim Costs

Ortho Base Cost PMPM	Lifetime Max	Child(ren)		Adult	
		w/Cal Yr Max	w/o Cal Yr Max	w/Cal Yr Max	w/o Cal Yr Max
\$600 Lifetime Max (\$200 Calendar Year Max)	\$600	3.50	4.04	0.72	0.84
\$1,000 Lifetime Max (\$500 Calendar Year Max)	\$1,000	6.00	6.90	1.20	1.40
\$1,200 Lifetime Max (\$600 Calendar Year Max)	\$1,200	7.20	8.28	1.44	1.68
\$1,500 Lifetime Max (\$750 Calendar Year Max)	\$1,500	9.00	10.35	1.80	2.08
\$2,000 Lifetime Max (\$1,000 Calendar Year Max)	\$2,000	10.80	12.42	2.16	2.52

Table 2: Basic Claim Costs frequency adjustment

Frequency adjustments	Prev	Basic	Major	Ortho
Standard frequencies	1.000	1.000	1.000	1.000
Essential Dental - 2 exams/prophys	0.975	0.975	0.975	1.000
Essential Dental - 1 exam/prophy	0.800	0.800	0.800	1.000

Frequency adjustments are multiplied by the total Basic Claim Cost

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Factors for plan designs with graded coinsurance are found in table 3a. Table 3b holds factors for plans with flat coinsurance.

Table 3a: Graded Plan Utilization Discount

Grade	Year of Full Benefits: Cal Yr				Year of Full Benefits: Plan Yr		
	1	2	3		1	2	3
Preventive	1.04	1.01	0.98		1.00	0.94	0.85
Basic	1.04	1.01	0.98		1.00	0.94	0.85
Major	1.07	1.01	0.98		1.03	0.94	0.85
Ortho	1.00	0.97	0.94		1.00	0.97	0.94

Table 3b: Coinsurance Utilization

Coinsurance Range	Type 1	Type 2	Type 3/4
0%	0.21	0.24	0.32
10%	0.26	0.30	0.39
15%	0.31	0.36	0.47
20%	0.36	0.42	0.55
25%	0.41	0.48	0.62
30%	0.46	0.54	0.70
35%	0.51	0.60	0.77
40%	0.56	0.65	0.85
45%	0.61	0.71	0.92
50%	0.66	0.77	1.00
55%	0.71	0.83	1.13
60%	0.73	0.86	1.17
65%	0.79	0.92	1.25
70%	0.81	0.94	1.28
75%	0.82	0.96	1.31
80%	0.86	1.00	1.36
85%	0.89	1.04	1.41
90%	0.92	1.07	1.46
95%	0.95	1.11	1.51
100%	1.00	1.17	1.52

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 4a describes calendar year deductibles. Table 4b describes lifetime deductible factors. Deductibles can apply to types (preventive=A, basic=B, major=C) differently.

Table 4a: Calendar Year Deductible Factors

Calendar Year Deductible	Deductible on ABC (3X Family Limit)			
	Preventive	Basic	Major	Plan Year Adjustment
\$0	1.000	1.000	1.000	1.000
\$25	0.880	0.960	1.000	1.010
\$50	0.760	0.920	0.980	1.015
\$75	0.720	0.880	0.970	1.020
\$100	0.670	0.830	0.950	1.025
\$125	0.540	0.750	0.950	1.030
\$150	0.490	0.650	0.950	1.035

Calendar Year Deductible	Deductible on BC (3X Family Limit)			
	Preventive	Basic	Major	Plan Year Adjust
\$0	1.000	1.000	1.000	1.000
\$25	1.000	0.915	0.990	1.010
\$50	1.000	0.830	0.980	1.015
\$75	1.000	0.760	0.960	1.020
\$100	1.000	0.690	0.940	1.025
\$125	1.000	0.610	0.910	1.030
\$150	1.000	0.550	0.880	1.035

Calendar Year Deductible	Deductible on C (3X Family Limit)			
	Preventive	Basic	Major	Plan Year Adjustment
\$0	1.000	1.000	1.000	1.000
\$25	1.000	1.000	0.975	1.010
\$50	1.000	1.000	0.950	1.015
\$75	1.000	1.000	0.930	1.020
\$100	1.000	1.000	0.900	1.025
\$125	1.000	1.000	0.860	1.030
\$150	1.000	1.000	0.830	1.035

Table 4b: Lifetime Deductible Factors

Lifetime Deductible	Lifetime A Only			Lifetime ABC			Lifetime BC		
	Prevent	Basic	Major	Prevent	Basic	Major	Prevent	Basic	Major
\$0	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
\$25	0.970	1.000	1.000	0.976	0.992	1.000	1.000	0.983	0.998
\$50	0.930	1.000	1.000	0.952	0.984	0.996	1.000	0.966	0.996
\$75	0.900	1.000	1.000	0.944	0.976	0.994	1.000	0.952	0.992
\$100	0.870	1.000	1.000	0.934	0.966	0.990	1.000	0.938	0.988
\$150	0.844	1.000	1.000	0.906	0.932	0.971	1.000	0.905	0.969
\$200	0.837	1.000	1.000	0.899	0.906	0.963	1.000	0.880	0.961
\$250	0.831	1.000	1.000	0.892	0.890	0.951	1.000	0.864	0.949

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Factors for the application of waiting periods to benefits in different types (preventive, basic, major, and ortho) are described in table 5.

Table 5: Waiting Period Factors

Basic Wait Factors	Preventive	Basic
0 months	1.00	1.00
3 months	0.99	0.96
6 months	0.97	0.93
9 months	0.97	0.91
12 months	0.96	0.88

Major Wait Factors	Preventive	Major	Takeover Factor
0 months	1.00	1.00	1.00
6 months	0.97	0.92	1.08
9 months	0.96	0.85	1.09
12 months	0.95	0.71	1.10
15 months	0.94	0.65	1.11
18 months	0.92	0.57	1.12
24 months	0.92	0.49	1.13

Waiting Period	Ortho
0 months	1.00
6 months	0.90
12 months	0.76
15 months	0.71
18 months	0.67
24 months	0.53

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 6a assigns the factor for different annual maximums. The factors vary based on out-of-network allowance (MAC or U&C) as well as whether or not implants are covered. Additionally, the factor is different for plans that do not cover type C (major) or plans that provide an extra annual maximum on type 3/4 (major/select) services. Dental Rewards is a benefit that accumulates annual maximum benefits as a policy ages (this is described in the forms). For plans with preventive +, preventive services do not count against the annual maximum. Table 6b describes factors for plans with annual maximums that increase with each benefit year. Table 6c outlines the calculation for using table 6b.

Table 6a: Annual Maximum Factors

Plan Year Adjustment to Annual Maximum	0.98
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Without Implants				
No Type C Maximum				
Maximum	MAC	UCR / Indemnity	Dental Rewards	Preventive +
\$150	0.500	0.500	na	na
\$250	0.630	0.630	na	na
\$500	0.820	0.820	1.04	1.10
\$750	0.930	0.930	1.04	1.06
\$1,000	1.000	1.000	1.03	1.04
\$1,200	1.050	1.050	1.03	1.04
\$1,250	1.064	1.070	1.02	1.04
\$1,500	1.114	1.130	1.02	1.04
\$1,750	1.154	1.180	1.01	1.03
\$2,000	1.195	1.230	1.01	1.03
\$2,500	1.250	1.290	1.01	1.02
\$3,000	1.295	1.340	1.01	1.02
\$3,500	1.340	1.390	1.01	1.02
\$4,000	1.394	1.450	1.01	1.01
\$4,500	1.448	1.510	1.01	1.01
\$5,000	1.502	1.570	1.01	1.01

With Implants				
No Type C Maximum				
Maximum	MAC	UCR / Indemnity	Dental Rewards	Preventive +
\$150	0.500	na	na	na
\$250	0.630	na	na	na
\$500	0.820	0.820	1.04	1.10
\$750	0.930	0.930	1.04	1.06
\$1,000	1.000	1.000	1.03	1.04
\$1,200	1.050	1.050	1.03	1.04
\$1,250	1.064	1.070	1.02	1.04
\$1,500	1.114	1.136	1.02	1.04
\$1,750	1.160	1.190	1.01	1.03
\$2,000	1.207	1.252	1.01	1.03
\$2,500	1.269	1.324	1.01	1.02
\$3,000	1.321	1.387	1.01	1.02
\$3,500	1.374	1.451	1.01	1.02
\$4,000	1.436	1.527	1.01	1.01
\$4,500	1.499	1.604	1.01	1.01
\$5,000	1.562	1.682	1.01	1.01

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 6a: Annual Maximum Factors (continued)

Additional 50% Maximum Type 3/4		
Max	Internal Max	Internal max yr 1
500 / 250	0.94	0.95
750 / 375	0.94	0.95
1000 / 500	0.94	0.95
1200 / 600	0.94	0.95
1250 / 625	0.94	0.95
1500 / 750	0.94	0.95
1750 / 875	0.95	0.95
2000 / 1000	0.95	0.95
2500 / 1250	0.96	0.97
3000 / 1500	0.96	0.97
3500 / 1750	0.97	0.97
4000 / 2000	0.97	0.99
4500 / 2250	0.98	0.99
5000 / 2500	0.98	0.99

Table 6b: Weights for Graded Plans (Calendar Year)

Weights for Graded Plans	Calendar Year				Plan Year		
Incentive Coinsurance Options	Year 1	Year 2	Year 3+		Year 1	Year 2	Year 3+
None	0.20	0.24	0.56		0.30	0.20	0.50
Initials Start at Year 1	0.31	0.40	0.29		0.35	0.36	0.29
Initials Start at Year 2	0.10	0.26	0.64		0.12	0.24	0.64
Start at Highest Slot, Fall Back to Year 1	0.12	0.11	0.77		0.14	0.09	0.77
Start at Highest Slot, Fall Back 1 Step	0.03	0.14	0.83		0.05	0.12	0.83

Table 6c: Graded Annual Maximum Plans

When the Annual Maximum is graded, either for two or three years, a weighted Annual Maximum factor is calculated using the tables in 5a and 5b. The weights in table 5b "None" are used with the factors in table 5a to determine an average overall factor.

For a MAC plan without Implants and a three grade of \$1,000 to \$1,250 to \$1,500, the formula is shown below:

$$\text{Graded Annual Maximum factor} = 0.20*(1.000) + 0.24*(1.064) + 0.56*(1.114) = 1.0792$$

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 7 indicates factors for plans that give credit to those that have had prior coverage.

Table 7: Prior Coverage

Plan year maximum				
	Credit for prior coverage		Credit for prior coverage	
	% entering a year 2: 75%		% entering a year 3: 75%	
Level	No	Yes	No	Yes
1	0.2500	0.0625	0.2500	0.0625
2	0.7500	0.9375	0.1750	0.0438
3	na	na	0.5750	0.8938

Calendar year maximum				
	Credit for prior coverage		Credit for prior coverage	
	% entering a year 2: 75%		% entering a year 3: 75%	
Level	No	Yes	No	Yes
1	0.2000	0.0500	0.2000	0.0500
2	0.8000	0.9500	0.2400	0.0562
3	na	na	0.5600	0.8938

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 8 indicates the factor used if a plan has a MAC out-of-network allowance.

Table 8: PPO MAC Plan Utilization Discount

PPO MAC Network	Factor
Ameritas Classic	0.85

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 9 indicates the adjustment applied for pricing trend. This factor is applied as of the date in the table and does not change until filed with the state. For example, a policy with effective date 9/1/2019 would use factor 1.114, and a policy with effective date 7/1/2020 would also use factor 1.114.

Table 9: Trend

Trend	
Eff Date	Factor
Jan-2012	1.000
Jul-2013	1.045
Apr-2017	1.092
Sep-2019	1.114

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 10 indicates the area assignment and corresponding area factor for each 3 digit zip code.

Table 10: Area Factors

Zip Code	State	Region	Area Factor
010xx	MA	6	1.21
011xx	MA	6	1.21
012xx	MA	6	1.21
013xx	MA	6	1.21
014xx	MA	6	1.21
015xx	MA	6	1.21
016xx	MA	6	1.21
017xx	MA	6	1.21
018xx	MA	6	1.21
019xx	MA	6	1.21
020xx	MA	6	1.21
021xx	MA	6	1.21
022xx	MA	6	1.21
023xx	MA	6	1.21
024xx	MA	6	1.21
025xx	MA	6	1.21
026xx	MA	6	1.21
027xx	MA	6	1.21
028xx	RI	4	1.00
029xx	RI	4	1.00
030xx	NH	6	1.21
031xx	NH	6	1.21
032xx	NH	5	1.10
033xx	NH	5	1.10
034xx	NH	5	1.10
035xx	NH	5	1.10
036xx	NH	5	1.10
037xx	NH	5	1.10
038xx	NH	6	1.21
039xx	ME	5	1.10
040xx	ME	5	1.10
041xx	ME	5	1.10
042xx	ME	4	1.00
043xx	ME	3	0.91
044xx	ME	3	0.91
045xx	ME	3	0.91
046xx	ME	3	0.91
047xx	ME	3	0.91
048xx	ME	3	0.91
049xx	ME	3	0.91

Zip Code	State	Region	Area Factor
050xx	VT	4	1.00
051xx	VT	4	1.00
052xx	VT	4	1.00
053xx	VT	4	1.00
054xx	VT	4	1.00
056xx	VT	4	1.00
057xx	VT	4	1.00
058xx	VT	4	1.00
059xx	VT	4	1.00
060xx	CT	7	1.33
061xx	CT	7	1.33
062xx	CT	7	1.33
063xx	CT	7	1.33
064xx	CT	7	1.33
065xx	CT	7	1.33
066xx	CT	7	1.33
067xx	CT	7	1.33
068xx	CT	7	1.33
069xx	CT	7	1.33
070xx	NJ	1	0.75
071xx	NJ	1	0.75
072xx	NJ	1	0.75
073xx	NJ	1	0.75
074xx	NJ	1	0.75
075xx	NJ	1	0.75
076xx	NJ	1	0.75
077xx	NJ	1	0.75
078xx	NJ	1	0.75
079xx	NJ	1	0.75
080xx	NJ	1	0.75
081xx	NJ	1	0.75
082xx	NJ	1	0.75
083xx	NJ	1	0.75
084xx	NJ	1	0.75
085xx	NJ	1	0.75
086xx	NJ	1	0.75
087xx	NJ	1	0.75
088xx	NJ	1	0.75
089xx	NJ	1	0.75

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 10: Area Factors (cont)

Zip Code	State	Region	Area Factor
100xx	NY	7	1.33
101xx	NY	7	1.33
102xx	NY	7	1.33
103xx	NY	7	1.33
104xx	NY	7	1.33
105xx	NY	7	1.33
106xx	NY	7	1.33
107xx	NY	7	1.33
108xx	NY	7	1.33
109xx	NY	7	1.33
110xx	NY	7	1.33
111xx	NY	7	1.33
112xx	NY	7	1.33
113xx	NY	7	1.33
114xx	NY	7	1.33
115xx	NY	7	1.33
116xx	NY	7	1.33
117xx	NY	7	1.33
118xx	NY	7	1.33
119xx	NY	7	1.33
120xx	NY	5	1.10
121xx	NY	5	1.10
122xx	NY	5	1.10
123xx	NY	5	1.10
124xx	NY	5	1.10
125xx	NY	5	1.10
126xx	NY	5	1.10
127xx	NY	3	0.91
128xx	NY	4	1.00
129xx	NY	3	0.91
130xx	NY	5	1.10
131xx	NY	5	1.10
132xx	NY	5	1.10
133xx	NY	4	1.00
134xx	NY	4	1.00
135xx	NY	4	1.00
136xx	NY	3	0.91
137xx	NY	4	1.00
138xx	NY	4	1.00
139xx	NY	4	1.00

Zip Code	State	Region	Area Factor
140xx	NY	4	1.00
141xx	NY	4	1.00
142xx	NY	4	1.00
143xx	NY	4	1.00
144xx	NY	4	1.00
145xx	NY	4	1.00
146xx	NY	4	1.00
147xx	NY	3	0.91
148xx	NY	4	1.00
149xx	NY	4	1.00
150xx	PA	3	0.91
151xx	PA	3	0.91
152xx	PA	3	0.91
153xx	PA	3	0.91
154xx	PA	3	0.91
155xx	PA	2	0.83
156xx	PA	3	0.91
157xx	PA	2	0.83
158xx	PA	2	0.83
159xx	PA	2	0.83
160xx	PA	3	0.91
161xx	PA	2	0.83
162xx	PA	2	0.83
163xx	PA	2	0.83
164xx	PA	2	0.83
165xx	PA	2	0.83
166xx	PA	2	0.83
167xx	PA	2	0.83
168xx	PA	2	0.83
169xx	PA	2	0.83
170xx	PA	3	0.91
171xx	PA	3	0.91
172xx	PA	2	0.83
173xx	PA	2	0.83
174xx	PA	2	0.83
175xx	PA	3	0.91
176xx	PA	3	0.91
177xx	PA	2	0.83
178xx	PA	2	0.83
179xx	PA	2	0.83

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 10: Area Factors (cont)

Zip Code	State	Region	Area Factor
180xx	PA	3	0.91
181xx	PA	3	0.91
182xx	PA	2	0.83
183xx	PA	5	1.10
184xx	PA	2	0.83
185xx	PA	2	0.83
186xx	PA	2	0.83
187xx	PA	2	0.83
188xx	PA	2	0.83
189xx	PA	5	1.10
190xx	PA	5	1.10
191xx	PA	5	1.10
192xx	PA	5	1.10
193xx	PA	5	1.10
194xx	PA	5	1.10
195xx	PA	2	0.83
196xx	PA	2	0.83
197xx	DE	5	1.10
198xx	DE	5	1.10
199xx	DE	3	0.91
200xx	DC	6	1.21
201xx	VA	5	1.10
202xx	DC	6	1.21
203xx	DC	6	1.21
204xx	DC	6	1.21
205xx	DC	6	1.21
206xx	MD	4	1.00
207xx	MD	4	1.00
208xx	MD	5	1.10
209xx	MD	5	1.10
210xx	MD	5	1.10
211xx	MD	4	1.00
212xx	MD	4	1.00
213xx	MD	4	1.00
214xx	MD	4	1.00
215xx	MD	4	1.00
216xx	MD	4	1.00
217xx	MD	5	1.10
218xx	MD	4	1.00
219xx	MD	5	1.10

Zip Code	State	Region	Area Factor
220xx	VA	5	1.10
221xx	VA	5	1.10
222xx	VA	5	1.10
223xx	VA	5	1.10
224xx	VA	5	1.10
225xx	VA	5	1.10
226xx	VA	3	0.91
227xx	VA	2	0.83
228xx	VA	3	0.91
229xx	VA	3	0.91
230xx	VA	4	1.00
231xx	VA	4	1.00
232xx	VA	4	1.00
233xx	VA	4	1.00
234xx	VA	4	1.00
235xx	VA	4	1.00
236xx	VA	4	1.00
237xx	VA	4	1.00
238xx	VA	4	1.00
239xx	VA	2	0.83
240xx	VA	3	0.91
241xx	VA	3	0.91
242xx	VA	2	0.83
243xx	VA	2	0.83
244xx	VA	2	0.83
245xx	VA	2	0.83
246xx	VA	2	0.83
247xx	WV	1	0.75
248xx	WV	1	0.75
249xx	WV	1	0.75
250xx	WV	1	0.75
251xx	WV	1	0.75
252xx	WV	1	0.75
253xx	WV	1	0.75
254xx	WV	3	0.91
255xx	WV	1	0.75
256xx	WV	1	0.75
257xx	WV	1	0.75
258xx	WV	1	0.75
259xx	WV	1	0.75

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 10: Area Factors (cont)

Zip Code	State	Region	Area Factor
260xx	WV	1	0.75
261xx	WV	1	0.75
262xx	WV	1	0.75
263xx	WV	1	0.75
264xx	WV	1	0.75
265xx	WV	1	0.75
266xx	WV	1	0.75
267xx	WV	3	0.91
268xx	WV	1	0.75
270xx	NC	3	0.91
271xx	NC	3	0.91
272xx	NC	3	0.91
273xx	NC	3	0.91
274xx	NC	3	0.91
275xx	NC	4	1.00
276xx	NC	4	1.00
277xx	NC	4	1.00
278xx	NC	3	0.91
279xx	NC	3	0.91
280xx	NC	4	1.00
281xx	NC	4	1.00
282xx	NC	4	1.00
283xx	NC	2	0.83
284xx	NC	2	0.83
285xx	NC	2	0.83
286xx	NC	2	0.83
287xx	NC	2	0.83
288xx	NC	2	0.83
289xx	NC	2	0.83
290xx	SC	2	0.83
291xx	SC	2	0.83
292xx	SC	2	0.83
293xx	SC	2	0.83
294xx	SC	2	0.83
295xx	SC	2	0.83
296xx	SC	2	0.83
297xx	SC	2	0.83
298xx	SC	2	0.83
299xx	SC	2	0.83

Zip Code	State	Region	Area Factor
300xx	GA	3	0.91
301xx	GA	3	0.91
302xx	GA	3	0.91
303xx	GA	3	0.91
304xx	GA	2	0.83
305xx	GA	2	0.83
306xx	GA	2	0.83
307xx	GA	2	0.83
308xx	GA	3	0.91
309xx	GA	3	0.91
310xx	GA	2	0.83
311xx	GA	2	0.83
312xx	GA	2	0.83
313xx	GA	2	0.83
314xx	GA	2	0.83
315xx	GA	2	0.83
316xx	GA	2	0.83
317xx	GA	2	0.83
318xx	GA	2	0.83
319xx	GA	2	0.83
320xx	FL	3	0.91
321xx	FL	3	0.91
322xx	FL	3	0.91
323xx	FL	3	0.91
324xx	FL	3	0.91
325xx	FL	3	0.91
326xx	FL	3	0.91
327xx	FL	3	0.91
328xx	FL	3	0.91
329xx	FL	3	0.91
330xx	FL	5	1.10
331xx	FL	5	1.10
332xx	FL	5	1.10
333xx	FL	5	1.10
334xx	FL	5	1.10
335xx	FL	3	0.91
336xx	FL	3	0.91
337xx	FL	3	0.91
338xx	FL	3	0.91

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 10: Area Factors (cont)

Zip Code	State	Region	Area Factor
339xx	FL	3	0.91
340xx	FL	3	0.91
341xx	FL	4	1.00
342xx	FL	4	1.00
344xx	FL	3	0.91
346xx	FL	3	0.91
347xx	FL	3	0.91
349xx	FL	3	0.91
350xx	AL	1	0.75
351xx	AL	1	0.75
352xx	AL	1	0.75
353xx	AL	1	0.75
354xx	AL	1	0.75
355xx	AL	1	0.75
356xx	AL	1	0.75
357xx	AL	1	0.75
358xx	AL	1	0.75
359xx	AL	1	0.75
360xx	AL	1	0.75
361xx	AL	1	0.75
362xx	AL	1	0.75
363xx	AL	1	0.75
364xx	AL	1	0.75
365xx	AL	1	0.75
366xx	AL	1	0.75
367xx	AL	1	0.75
368xx	AL	1	0.75
369xx	AL	1	0.75
370xx	TN	3	0.91
371xx	TN	3	0.91
372xx	TN	3	0.91
373xx	TN	2	0.83
374xx	TN	2	0.83
375xx	TN	1	0.75
376xx	TN	1	0.75
377xx	TN	2	0.83
378xx	TN	2	0.83
379xx	TN	2	0.83
380xx	TN	2	0.83
381xx	TN	2	0.83

Zip Code	State	Region	Area Factor
382xx	TN	1	0.75
383xx	TN	1	0.75
384xx	TN	1	0.75
385xx	TN	1	0.75
386xx	MS	1	0.75
387xx	MS	1	0.75
388xx	MS	1	0.75
389xx	MS	1	0.75
390xx	MS	1	0.75
391xx	MS	1	0.75
392xx	MS	1	0.75
393xx	MS	1	0.75
394xx	MS	1	0.75
395xx	MS	1	0.75
396xx	MS	1	0.75
397xx	MS	1	0.75
398xx	GA	2	0.83
399xx	GA	2	0.83
400xx	KY	1	0.75
401xx	KY	1	0.75
402xx	KY	1	0.75
403xx	KY	1	0.75
404xx	KY	1	0.75
405xx	KY	1	0.75
406xx	KY	1	0.75
407xx	KY	1	0.75
408xx	KY	1	0.75
409xx	KY	1	0.75
410xx	KY	1	0.75
411xx	KY	1	0.75
412xx	KY	1	0.75
413xx	KY	1	0.75
414xx	KY	1	0.75
415xx	KY	1	0.75
416xx	KY	1	0.75
417xx	KY	1	0.75
418xx	KY	1	0.75
420xx	KY	1	0.75
421xx	KY	1	0.75
422xx	KY	1	0.75

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 10: Area Factors (cont)

Zip Code	State	Region	Area Factor
423xx	KY	1	0.75
424xx	KY	1	0.75
425xx	KY	1	0.75
426xx	KY	1	0.75
427xx	KY	1	0.75
430xx	OH	1	0.75
431xx	OH	1	0.75
432xx	OH	1	0.75
433xx	OH	1	0.75
434xx	OH	2	0.83
435xx	OH	2	0.83
436xx	OH	1	0.75
437xx	OH	1	0.75
438xx	OH	1	0.75
439xx	OH	1	0.75
440xx	OH	2	0.83
441xx	OH	2	0.83
442xx	OH	2	0.83
443xx	OH	1	0.75
444xx	OH	1	0.75
445xx	OH	1	0.75
446xx	OH	1	0.75
447xx	OH	2	0.83
448xx	OH	1	0.75
449xx	OH	1	0.75
450xx	OH	1	0.75
451xx	OH	1	0.75
452xx	OH	2	0.83
453xx	OH	2	0.83
454xx	OH	1	0.75
455xx	OH	1	0.75
456xx	OH	1	0.75
457xx	OH	1	0.75
458xx	OH	2	0.83
460xx	IN	2	0.83
461xx	IN	2	0.83
462xx	IN	2	0.83
463xx	IN	2	0.83
464xx	IN	2	0.83
465xx	IN	2	0.83

Zip Code	State	Region	Area Factor
466xx	IN	2	0.83
467xx	IN	2	0.83
468xx	IN	2	0.83
469xx	IN	2	0.83
470xx	IN	2	0.83
471xx	IN	2	0.83
472xx	IN	2	0.83
473xx	IN	2	0.83
474xx	IN	2	0.83
475xx	IN	2	0.83
476xx	IN	2	0.83
477xx	IN	2	0.83
478xx	IN	2	0.83
479xx	IN	2	0.83
480xx	MI	4	1.00
481xx	MI	4	1.00
482xx	MI	4	1.00
483xx	MI	4	1.00
484xx	MI	3	0.91
485xx	MI	3	0.91
486xx	MI	3	0.91
487xx	MI	3	0.91
488xx	MI	3	0.91
489xx	MI	3	0.91
490xx	MI	3	0.91
491xx	MI	3	0.91
492xx	MI	3	0.91
493xx	MI	3	0.91
494xx	MI	3	0.91
495xx	MI	3	0.91
496xx	MI	3	0.91
497xx	MI	3	0.91
498xx	MI	3	0.91
499xx	MI	3	0.91
500xx	IA	3	0.91
501xx	IA	3	0.91
502xx	IA	3	0.91
503xx	IA	3	0.91
504xx	IA	2	0.83
505xx	IA	2	0.83

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 10: Area Factors (cont)

Zip Code	State	Region	Area Factor
506xx	IA	2	0.83
507xx	IA	2	0.83
508xx	IA	2	0.83
509xx	IA	2	0.83
510xx	IA	2	0.83
511xx	IA	3	0.91
512xx	IA	2	0.83
513xx	IA	2	0.83
514xx	IA	2	0.83
515xx	IA	3	0.91
516xx	IA	2	0.83
520xx	IA	3	0.91
521xx	IA	2	0.83
522xx	IA	3	0.91
523xx	IA	3	0.91
524xx	IA	3	0.91
525xx	IA	2	0.83
526xx	IA	2	0.83
527xx	IA	3	0.91
528xx	IA	3	0.91
530xx	WI	4	1.00
531xx	WI	4	1.00
532xx	WI	4	1.00
534xx	WI	4	1.00
535xx	WI	4	1.00
537xx	WI	4	1.00
538xx	WI	4	1.00
539xx	WI	4	1.00
540xx	WI	4	1.00
541xx	WI	4	1.00
542xx	WI	4	1.00
543xx	WI	4	1.00
544xx	WI	4	1.00
545xx	WI	4	1.00
546xx	WI	4	1.00
547xx	WI	4	1.00
548xx	WI	4	1.00
549xx	WI	4	1.00
550xx	MN	4	1.00
551xx	MN	4	1.00
553xx	MN	5	1.10

Zip Code	State	Region	Area Factor
554xx	MN	5	1.10
555xx	MN	4	1.00
556xx	MN	4	1.00
557xx	MN	4	1.00
558xx	MN	4	1.00
559xx	MN	4	1.00
560xx	MN	4	1.00
561xx	MN	4	1.00
562xx	MN	4	1.00
563xx	MN	4	1.00
564xx	MN	4	1.00
565xx	MN	4	1.00
566xx	MN	4	1.00
567xx	MN	4	1.00
570xx	SD	2	0.83
571xx	SD	2	0.83
572xx	SD	2	0.83
573xx	SD	2	0.83
574xx	SD	2	0.83
575xx	SD	2	0.83
576xx	SD	2	0.83
577xx	SD	2	0.83
580xx	ND	3	0.91
581xx	ND	3	0.91
582xx	ND	2	0.83
583xx	ND	2	0.83
584xx	ND	2	0.83
585xx	ND	3	0.91
586xx	ND	2	0.83
587xx	ND	2	0.83
588xx	ND	2	0.83
590xx	MT	4	1.00
591xx	MT	4	1.00
592xx	MT	3	0.91
593xx	MT	3	0.91
594xx	MT	3	0.91
595xx	MT	3	0.91
596xx	MT	3	0.91
597xx	MT	3	0.91
598xx	MT	4	1.00
599xx	MT	3	0.91

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 10: Area Factors (cont)

Zip Code	State	Region	Area Factor
600xx	IL	5	1.10
601xx	IL	5	1.10
602xx	IL	5	1.10
603xx	IL	5	1.10
604xx	IL	5	1.10
605xx	IL	5	1.10
606xx	IL	5	1.10
607xx	IL	5	1.10
608xx	IL	5	1.10
609xx	IL	3	0.91
610xx	IL	3	0.91
611xx	IL	3	0.91
612xx	IL	2	0.83
613xx	IL	1	0.75
614xx	IL	1	0.75
615xx	IL	2	0.83
616xx	IL	2	0.83
617xx	IL	3	0.91
618xx	IL	3	0.91
619xx	IL	1	0.75
620xx	IL	3	0.91
622xx	IL	3	0.91
623xx	IL	1	0.75
624xx	IL	1	0.75
625xx	IL	1	0.75
626xx	IL	3	0.91
627xx	IL	3	0.91
628xx	IL	1	0.75
629xx	IL	1	0.75
630xx	MO	3	0.91
631xx	MO	3	0.91
633xx	MO	3	0.91
634xx	MO	1	0.75
635xx	MO	1	0.75
636xx	MO	1	0.75
637xx	MO	1	0.75
638xx	MO	1	0.75
639xx	MO	1	0.75
640xx	MO	3	0.91
641xx	MO	3	0.91
644xx	MO	1	0.75
645xx	MO	1	0.75
646xx	MO	1	0.75
647xx	MO	1	0.75

Zip Code	State	Region	Area Factor
648xx	MO	1	0.75
649xx	MO	1	0.75
650xx	MO	2	0.83
651xx	MO	2	0.83
652xx	MO	2	0.83
653xx	MO	1	0.75
654xx	MO	1	0.75
655xx	MO	1	0.75
656xx	MO	2	0.83
657xx	MO	2	0.83
658xx	MO	2	0.83
660xx	KS	2	0.83
661xx	KS	2	0.83
662xx	KS	2	0.83
664xx	KS	1	0.75
665xx	KS	1	0.75
666xx	KS	2	0.83
667xx	KS	1	0.75
668xx	KS	1	0.75
669xx	KS	1	0.75
670xx	KS	2	0.83
671xx	KS	2	0.83
672xx	KS	2	0.83
673xx	KS	1	0.75
674xx	KS	1	0.75
675xx	KS	1	0.75
676xx	KS	1	0.75
677xx	KS	1	0.75
678xx	KS	1	0.75
679xx	KS	1	0.75
680xx	NE	2	0.83
681xx	NE	2	0.83
682xx	NE	1	0.75
683xx	NE	1	0.75
684xx	NE	1	0.75
685xx	NE	2	0.83
686xx	NE	1	0.75
687xx	NE	3	0.91
688xx	NE	1	0.75
689xx	NE	1	0.75
690xx	NE	1	0.75
691xx	NE	1	0.75
692xx	NE	1	0.75
693xx	NE	1	0.75

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 10: Area Factors (cont)

Zip Code	State	Region	Area Factor
700xx	LA	2	0.83
701xx	LA	2	0.83
703xx	LA	1	0.75
704xx	LA	2	0.83
705xx	LA	1	0.75
706xx	LA	1	0.75
707xx	LA	1	0.75
708xx	LA	1	0.75
710xx	LA	1	0.75
711xx	LA	1	0.75
712xx	LA	1	0.75
713xx	LA	1	0.75
714xx	LA	1	0.75
716xx	AR	1	0.75
717xx	AR	1	0.75
718xx	AR	1	0.75
719xx	AR	1	0.75
720xx	AR	1	0.75
721xx	AR	1	0.75
722xx	AR	1	0.75
723xx	AR	1	0.75
724xx	AR	1	0.75
725xx	AR	1	0.75
726xx	AR	1	0.75
727xx	AR	1	0.75
728xx	AR	1	0.75
729xx	AR	1	0.75
730xx	OK	3	0.91
731xx	OK	3	0.91
732xx	OK	1	0.75
734xx	OK	1	0.75
735xx	OK	1	0.75
736xx	OK	1	0.75
737xx	OK	1	0.75
738xx	OK	1	0.75
739xx	OK	1	0.75
740xx	OK	2	0.83
741xx	OK	2	0.83
743xx	OK	1	0.75
744xx	OK	1	0.75
745xx	OK	1	0.75
746xx	OK	1	0.75
747xx	OK	1	0.75
748xx	OK	1	0.75
749xx	OK	1	0.75

Zip Code	State	Region	Area Factor
750xx	TX	3	0.91
751xx	TX	3	0.91
752xx	TX	3	0.91
753xx	TX	3	0.91
754xx	TX	3	0.91
755xx	TX	2	0.83
756xx	TX	2	0.83
757xx	TX	2	0.83
758xx	TX	2	0.83
759xx	TX	2	0.83
760xx	TX	2	0.83
761xx	TX	2	0.83
762xx	TX	3	0.91
763xx	TX	2	0.83
764xx	TX	2	0.83
765xx	TX	2	0.83
766xx	TX	2	0.83
767xx	TX	2	0.83
768xx	TX	2	0.83
769xx	TX	2	0.83
770xx	TX	3	0.91
772xx	TX	2	0.83
773xx	TX	3	0.91
774xx	TX	3	0.91
775xx	TX	3	0.91
776xx	TX	2	0.83
777xx	TX	2	0.83
778xx	TX	2	0.83
779xx	TX	2	0.83
780xx	TX	2	0.83
781xx	TX	2	0.83
782xx	TX	2	0.83
783xx	TX	2	0.83
784xx	TX	2	0.83
785xx	TX	2	0.83
786xx	TX	3	0.91
787xx	TX	3	0.91
788xx	TX	2	0.83
789xx	TX	2	0.83
790xx	TX	2	0.83
791xx	TX	2	0.83
792xx	TX	2	0.83
793xx	TX	2	0.83
794xx	TX	2	0.83
795xx	TX	2	0.83

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 10: Area Factors (cont)

Zip Code	State	Region	Area Factor
796xx	TX	2	0.83
797xx	TX	2	0.83
798xx	TX	2	0.83
799xx	TX	2	0.83
800xx	CO	4	1.00
801xx	CO	4	1.00
802xx	CO	4	1.00
803xx	CO	4	1.00
804xx	CO	4	1.00
805xx	CO	4	1.00
806xx	CO	4	1.00
807xx	CO	3	0.91
808xx	CO	4	1.00
809xx	CO	4	1.00
810xx	CO	3	0.91
811xx	CO	3	0.91
812xx	CO	3	0.91
813xx	CO	3	0.91
814xx	CO	3	0.91
815xx	CO	3	0.91
816xx	CO	3	0.91
820xx	WY	2	0.83
821xx	WY	2	0.83
822xx	WY	2	0.83
823xx	WY	2	0.83
824xx	WY	2	0.83
825xx	WY	2	0.83
826xx	WY	2	0.83
827xx	WY	2	0.83
828xx	WY	2	0.83
829xx	WY	2	0.83
830xx	WY	2	0.83
831xx	WY	2	0.83
832xx	ID	2	0.83
833xx	ID	2	0.83
834xx	ID	2	0.83
835xx	ID	3	0.91
836xx	ID	3	0.91
837xx	ID	3	0.91
838xx	ID	3	0.91
840xx	UT	2	0.83
841xx	UT	2	0.83

Zip Code	State	Region	Area Factor
842xx	UT	2	0.83
843xx	UT	2	0.83
844xx	UT	2	0.83
845xx	UT	2	0.83
846xx	UT	2	0.83
847xx	UT	2	0.83
850xx	AZ	3	0.91
851xx	AZ	2	0.83
852xx	AZ	3	0.91
853xx	AZ	3	0.91
855xx	AZ	2	0.83
856xx	AZ	2	0.83
857xx	AZ	3	0.91
859xx	AZ	2	0.83
860xx	AZ	3	0.91
863xx	AZ	3	0.91
864xx	AZ	3	0.91
865xx	AZ	2	0.83
870xx	NM	2	0.83
871xx	NM	2	0.83
872xx	NM	2	0.83
873xx	NM	2	0.83
874xx	NM	2	0.83
875xx	NM	2	0.83
877xx	NM	2	0.83
878xx	NM	2	0.83
879xx	NM	2	0.83
880xx	NM	2	0.83
881xx	NM	2	0.83
882xx	NM	2	0.83
883xx	NM	2	0.83
884xx	NM	2	0.83
885xx	TX	2	0.83
889xx	NV	3	0.91
890xx	NV	3	0.91
891xx	NV	3	0.91
893xx	NV	3	0.91
894xx	NV	3	0.91
895xx	NV	3	0.91
897xx	NV	3	0.91
898xx	NV	3	0.91

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 10: Area Factors (cont)

Zip Code	State	Region	Area Factor
900xx	CA	7	1.33
901xx	CA	7	1.33
902xx	CA	7	1.33
903xx	CA	7	1.33
904xx	CA	7	1.33
905xx	CA	7	1.33
906xx	CA	7	1.33
907xx	CA	7	1.33
908xx	CA	7	1.33
910xx	CA	7	1.33
911xx	CA	7	1.33
912xx	CA	7	1.33
913xx	CA	7	1.33
914xx	CA	7	1.33
915xx	CA	7	1.33
916xx	CA	7	1.33
917xx	CA	7	1.33
918xx	CA	7	1.33
919xx	CA	7	1.33
920xx	CA	6	1.21
921xx	CA	7	1.33
922xx	CA	4	1.00
923xx	CA	4	1.00
924xx	CA	4	1.00
925xx	CA	4	1.00
926xx	CA	7	1.33
927xx	CA	7	1.33
928xx	CA	7	1.33
930xx	CA	7	1.33
931xx	CA	7	1.33
932xx	CA	5	1.10
933xx	CA	5	1.10
934xx	CA	6	1.21
935xx	CA	7	1.33
936xx	CA	4	1.00
937xx	CA	4	1.00
938xx	CA	6	1.21
939xx	CA	6	1.21
940xx	CA	7	1.33

Zip Code	State	Region	Area Factor
941xx	CA	7	1.33
942xx	CA	6	1.21
943xx	CA	6	1.21
944xx	CA	6	1.21
945xx	CA	6	1.21
946xx	CA	6	1.21
947xx	CA	6	1.21
948xx	CA	7	1.33
949xx	CA	7	1.33
950xx	CA	7	1.33
951xx	CA	7	1.33
952xx	CA	4	1.00
953xx	CA	4	1.00
954xx	CA	6	1.21
955xx	CA	6	1.21
956xx	CA	7	1.33
957xx	CA	7	1.33
958xx	CA	7	1.33
959xx	CA	5	1.10
960xx	CA	5	1.10
961xx	CA	5	1.10
967xx	HI	5	1.10
968xx	HI	5	1.10
970xx	OR	5	1.10
971xx	OR	5	1.10
972xx	OR	5	1.10
973xx	OR	5	1.10
974xx	OR	5	1.10
975xx	OR	5	1.10
976xx	OR	5	1.10
977xx	OR	5	1.10
978xx	OR	5	1.10
979xx	OR	5	1.10
995xx	AK	6	1.21
996xx	AK	6	1.21
997xx	AK	6	1.21
998xx	AK	6	1.21
999xx	AK	6	1.21

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 11a and 11b are factors applied to the in-network portion of the rate for the use of a network. Table 11a is for plans that are not MAC out-of-network and table 11b is for plans that are MAC out-of-network. Table 12 indicates the adjustment for the U & C chosen for out-of-network claims. Table 13 describes the utilization assumptions for in-network and out-of-network claims.

Table 11a: PPO Network Rate Factors

PPO Network	Factor
Ameritas Classic	0.80

Table 11b: PPO MAC Network Rate Factors

PPO MAC Network	Factor
Ameritas Classic	0.75

Table 12: Usual, and Customary percentile Factors

UCR Percentile	Factor
50	0.900
70	0.940
75	0.961
80	1.000
85	1.054
90	1.081
95	1.115

Table 13: Assumed Distribution of In-Network and Out of Network Claims

Network	PPO Network		PPO MAC Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Ameritas Classic	25%	75%	70%	30%
with Incentive Plan	50%	50%		

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 14 describes the expenses.

Table 14: Expenses

Ameritas Loads	Standard Percentage
Claims & Admin	4.00%
Sales	3.00%
Actuarial/Legal/Other	2.00%
Overhead	3.00%
HIAFF Fee	0.00%
Premium Tax	2.00%
Profit	5.00%
Total	19.00%
TPA share factors/Commissions	Standard Percentage
Marketing/Commissions	15.00%
Administration (Billing, ID Cards etc.)	10.00%
Total	25.00%
Ameritas	19.00%
TPA	25.00%
Expense Ratio	44.00%

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Table 15 describes the tier relatives and contract distribution for determining final rates.

Table 15: Tier Relatives and Distribution

Tier Relatives

Tier	1	2	3	4
Three-Tier	1.00	2.00	3.20	NA
Four-Tier	1.00	2.00	2.40	3.40

Standard Tier Contract Distribution

Tier	1	2	3	4
Three-Tier	0.65	0.165	0.185	NA
Four-Tier	0.65	0.15	0.06	0.14

Ortho Contract Distribution	1	2	3	4
3 Tier Child contract distribution	0.00	0.28	1.18	NA
3 Tier Adult contract distribution	1.00	1.66	1.73	NA
4 Tier Child contract distribution	0.00	0.00	1.00	1.00
4 Tier Adult contract distribution	1.00	2.00	1.00	2.00

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Tables 16 - 20 describe the add-on costs for additional coverages. Table 21 describes any additional administration expenses.

Table 16: Additional Coverages - Dental Whitening

Must be included in all plans (not selectable by individual)			
Type of plan	Ind	Ind +1	Family
\$200 max	0.70	1.40	2.10
\$400 max	1.25	2.50	3.75

Included as upgrade within package of non-related upgrades (not selectable by individual)			
Type of plan	Ind	Ind +1	Family
\$200 max	1.00	2.00	3.00
\$400 max	1.75	3.50	5.25

Table 17: Additional Coverages - Vision Exam Only

Options	Adult	Children
None	0.00	0.00
Included	1.25	1.00

Table 18: Additional Coverages - Fusion

Options	Adult	Children
None	0.00	0.00
Plan 1	1.00	0.75
Plan 2	1.00	0.75
Plan 3	1.60	1.00
Plan 4	1.60	1.00

Table 19: Additional Coverages - LASIK

Options	Adult	Children
None	0.00	0.00
LASIK - \$125 years 1 and 2, \$250 thereafter	0.75	0.38
LASIK - \$250 years 1 and 2, \$500 thereafter	1.50	0.72

(Benefit is per eye)

Table 20: Additional Coverages - Hearing

Options	Adult	Children
None	0.00	0.00
\$75 exam allowance	0.75	0.38
\$75 exam allowance + materials*	1.50	0.72

* materials: \$200/300/400 per year + 40 maintenance

Table 21: Other Administrative Expense

Not to exceed \$8 per bill
Not to exceed \$35

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Sample Rate Calculation

Example Plan INPUTS

Plan Options:

Effective Date	7/1/2020	INPUT
Zip Code	48300	INPUT
U & C Percentile	n/a	Table 15
Calendar Year or Plan Year	Plan Year	

PPO Options:

PPO Option	Ameritas Classic	Table 8
PPO MAC Plan	Yes	Table 11a

Calendar Year Deductible:

Deductible - 3X Family Limit	\$100	Table 3a
Deductible Claim Types	ABC	Table 3a

Lifetime Deductible:

Deductible - No Family Limit	None	Table 3b
Lifetime Deductible Claim Types	None	

Plan Type:

Waiting Period or Graded	Waiting	INPUT
Incentive Coinsurance	None	INPUT

Waiting Period:

Basic Waiting Period	6 months	Table 4
Waiting Period	12 months	Table 4

Coinsurance for Waiting Plan:

Preventive	100%	INPUT
Basic	80%	INPUT
Major	50%	INPUT

Annual Maximum:

Maximum Type:	Flat	Table 5a
Flat Maximum	\$1,000	Table 5a
Dental Rewards	No	Table 5a
Preventive Plus	No	Table 5a

Extra Cleaning:

1 Extra Cleaning per year	Yes	Table 1a
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Frequencies:

Standard or Essential Dental	Standard	Table 2
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Add-on Benefits:

Dental Whitening	\$400 Max Upgrade	Table 15
Vision Exam Only	None	Table 16
Fusion Simple	Plan 1	Table 17
LASIK	\$125 1&2 \$250 3+	Table 18
Hearing	\$75 exam allow	Table 19

Orthodontia:

Plan Type	None	Table 1b
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Procedure Placements

Claim Category	Service Placement	
01: Evaluations	Preventive	Table 1a
01: X Rays – Bitewings	Basic	Table 1a
01: X-Rays – Other	Basic	Table 1a
02: Routine Dental Prophylaxis—Cleanings	Preventive	Table 1a
02: Fluoride Treatments	Preventive	Table 1a
02: Sealants	Preventive	Table 1a
02: Space Maintainers	Preventive	Table 1a
03: Basic Restorative—Fillings	Basic	Table 1a
04: Major Restorative—Inlays, Onlays, Crowns	Major	Table 1a
05: Endodontics	Major	Table 1a
06: Periodontics	Major	Table 1a
07: Removable Prosthodontics	Major	Table 1a
08: Fixed Prosthodontics – Bridges, Dentures	Major	Table 1a
08: Fixed Prosthodontics - Implants	Not Covered	Table 1a
09: Basic Oral Surgery - Simple Extractions	Basic	Table 1a
09: Complex Oral Surgery	Major	Table 1a
10: Teeth Whitening	Major	Table 1a
11: Adjunctive General Services	Major	Table 1a

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Example Plan OUTPUT

Example Plan OUTPUT		Dental					Child Ortho	Adult Ortho	
		In-Network			Out-of-Network				
		Prev	Basic	Major	Prev	Basic			Major
Table 1a & 1b	Base Cost PMPM	25.11	5.53	61.62	25.11	5.53	61.62	7.20	1.44
INPUT	Coinsurance	1.00	0.80	0.50	1.00	0.80	0.50	0.66	0.66
Table 3b	Coinsurance Utilization	1.00	1.00	1.00	1.00	1.00	1.00		
Table 3a	Graded Plan Utilization	1.00	1.00	1.00	1.00	1.00	1.00	0.94	0.94
Table 4a	Deductible	0.69	0.85	0.97	0.69	0.85	0.97		
Table 4b	Lifetime Deductible	1.00	1.00	1.00	1.00	1.00	1.00		
Table 4	Basic Wait	0.97	0.93	1.00	0.97	0.93	1.00	1.00	1.00
Table 4	Major Wait	0.95	1.00	0.71	0.95	1.00	0.71		
	Subtotal	15.89	3.50	21.30	15.89	3.50	21.30	4.47	0.89

		Dental			
		In-Network	Out-of-Network		
	Claims Subtotal	40.69	40.69	4.47	0.89
Table 5a	Annual Maximum Base	0.980	0.980		
Table 5a	Additional Major Maximum	1.000	1.000		
Table 1a	Dental Rewards / Preventive+	1.000	1.000		
Table 6	Takeover/CPC by Plan	1.000	1.000	1.00	1.00
Table 2	Frequency adjustment	1.000	1.000		
Table 11a	Network Factor	0.800	1.000		
Table 8	PPO MAC Plan Discount	1.000	1.000		
Table 12	U & C Percentile Adjustment	1.000	1.000		
Table 9	Trend	1.114	1.114		
Table 10	Area Factor	1.000	1.000	1.00	1.00
	Subtotal	35.54	44.42	4.47	0.89
Table 13	INN/OON Distribution	0.25	0.75		

	Dental Total	Child Ortho	Adult Ortho
Final Claims	42.20	4.47	0.89
Total Expense and Risk	44.0%	44.0%	44.0%
Required Premium	75.36	7.98	1.60

3-Tier Rates		Ind	Ind +1	Family
Dental				
Table 14	Contract Distribution	0.650	0.165	0.185
Table 14	Tier Relativities	1.00	2.00	3.20
	Dental Premium By Tier	47.94	95.88	153.41
Child Ortho				
Table 14	Contract Distribution	0.000	0.280	1.180
	Child Ortho Premium By Tier	0.00	2.23	9.41
Adult Ortho				
Table 14	Contract Distribution	1.000	1.660	1.730
	Adult Ortho Premium By Tier	1.60	2.65	2.76
	Subtotal	49.54	100.76	165.58
Table 15	Dental Whitening	1.75	3.50	5.25
Table 16	Vision Exam Only	0.00	0.00	0.00
Table 17	Fusion Simple	1.00	1.87	2.62
Table 18	LASIK	0.75	1.35	1.75
Table 19	Hearing	0.75	1.35	1.75
	Final Premium By Tier	53.79	108.83	176.95

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19
Edge Products

Plan description

Dental	Individual Dental - A			Individual Dental - B		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Coinsurance	80/0/0	80/60/25	80/60/50	80/0/0	80/60/0	80/60/0
Deductible	\$50 Prev and Basic - \$100 major			\$40	\$40	\$40
Maximum	\$1,000	\$1,000	\$1,000	\$750	\$750	\$750
<u>Ortho</u>						
Coinsurance		50%		not covered		
Deductible		100 lifetime				
Maximum		\$1,000				
Monthly Rates						
Area	Individual Dental - A			Individual Dental - B		
	Individual	Individual + 1	Individual + 2+	Individual	Individual + 1	Individual + 2+
1	\$23.70	\$45.50	\$82.40	\$18.30	\$34.90	\$64.10
2	\$26.10	\$49.90	\$90.70	\$20.20	\$38.50	\$70.60
3	\$27.80	\$53.20	\$96.40	\$21.40	\$40.90	\$75.10
4	\$29.10	\$55.90	\$101.40	\$22.40	\$43.10	\$78.90
5	\$30.80	\$59.10	\$107.20	\$23.80	\$45.50	\$83.40
6	\$33.80	\$64.90	\$117.80	\$26.10	\$49.90	\$91.60
7	\$36.90	\$70.90	\$128.50	\$28.50	\$54.60	\$99.90
8	\$39.90	\$77.00	\$139.30	\$30.80	\$59.10	\$108.40

Dental	Individual Dental - A old			Individual Dental - B old		
	All years			All years		
Coinsurance	80/70/50			80/70/0		
Deductible	\$50 (not waived for Preventive)			\$35 (not waived for Preventive)		
Maximum	\$1,000			\$750		
waiting period	0-6-12 (months)			0-6 (months)		
<u>Ortho</u>						
Coinsurance		50%		not covered		
Deductible		\$100 lifetime				
Maximum		\$1,000 - 24 month wait				
Monthly Rates						
Area	Individual Dental - A old			Individual Dental - B old		
	Individual	Individual + 1	Individual + 2+	Individual	Individual + 1	Individual + 2+
1	\$20.40	\$39.80	\$60.80	\$12.10	\$23.10	\$35.80
2	\$22.50	\$43.80	\$66.80	\$13.30	\$25.40	\$39.30
3	\$23.90	\$46.50	\$71.10	\$14.20	\$27.00	\$41.80
4	\$25.10	\$48.90	\$74.80	\$14.80	\$28.40	\$44.00
5	\$26.60	\$51.70	\$79.00	\$15.80	\$30.00	\$46.50
6	\$29.20	\$56.80	\$86.80	\$17.30	\$33.00	\$51.10
7	\$31.80	\$62.00	\$94.80	\$18.80	\$36.00	\$55.80
8	\$34.50	\$67.30	\$102.70	\$20.40	\$39.00	\$60.40

Edge Trend Factor

Effective Date	Annual
1/1/2015	1.420
1/1/2016	1.484

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Individ. 9000 DC Rev 02-19
Rating Areas (Edge Plans)

Zip Code	State	Edge	Zip Code	State	Edge	Zip Code	State	Edge
10	MA	4	57	VT	1	114	NY	6
11	MA	4	58	VT	1	115	NY	6
12	MA	4	59	VT	1	116	NY	6
13	MA	4	60	CT	6	117	NY	6
14	MA	4	61	CT	6	118	NY	6
15	MA	4	62	CT	6	119	NY	6
16	MA	4	63	CT	7	120	NY	3
17	MA	4	64	CT	7	121	NY	3
18	MA	4	65	CT	7	122	NY	3
19	MA	4	66	CT	7	123	NY	3
20	MA	4	67	CT	7	124	NY	5
21	MA	4	68	CT	6	125	NY	5
22	MA	4	69	CT	6	126	NY	5
23	MA	4	70	NJ	6	127	NY	5
24	MA	4	71	NJ	6	128	NY	3
25	MA	4	72	NJ	6	129	NY	3
26	MA	4	73	NJ	6	130	NY	3
27	MA	4	74	NJ	6	131	NY	3
28	RI	3	75	NJ	6	132	NY	3
29	RI	3	76	NJ	6	133	NY	3
30	NH	3	77	NJ	6	134	NY	3
31	NH	3	78	NJ	6	135	NY	3
32	NH	3	79	NJ	6	136	NY	3
33	NH	3	80	NJ	5	137	NY	3
34	NH	3	81	NJ	5	138	NY	3
35	NH	3	82	NJ	5	139	NY	3
36	NH	3	83	NJ	5	140	NY	3
37	NH	3	84	NJ	5	141	NY	3
38	NH	3	85	NJ	6	142	NY	3
39	ME	2	86	NJ	5	143	NY	3
40	ME	2	87	NJ	5	144	NY	3
41	ME	2	88	NJ	6	145	NY	3
42	ME	2	89	NJ	6	146	NY	3
43	ME	2	100	NY	7	147	NY	3
44	ME	2	101	NY	6	148	NY	3
45	ME	2	102	NY	6	149	NY	3
46	ME	2	103	NY	7	150	PA	4
47	ME	2	104	NY	7	151	PA	4
48	ME	2	105	NY	6	152	PA	4
49	ME	2	106	NY	7	153	PA	3
50	VT	1	107	NY	7	154	PA	3
51	VT	1	108	NY	7	155	PA	3
52	VT	1	109	NY	6	156	PA	4
53	VT	1	110	NY	6	157	PA	3
54	VT	1	111	NY	6	158	PA	3
55	VT	1	112	NY	7	159	PA	3
56	VT	1	113	NY	6	160	PA	4

Zip Code	State	Edge	Zip Code	State	Edge	Zip Code	State	Edge
161	PA	4	211	MD	5	261	WV	3
162	PA	3	212	MD	5	262	WV	3
163	PA	3	213	MD	NA	263	WV	3
164	PA	5	214	MD	5	264	WV	3
165	PA	5	215	MD	5	265	WV	3
166	PA	3	216	MD	5	266	WV	3
167	PA	3	217	MD	5	267	WV	3
168	PA	3	218	MD	5	268	WV	3
169	PA	3	219	MD	5	270	NC	4
170	PA	3	220	VA	8	271	NC	4
171	PA	3	221	VA	8	272	NC	4
172	PA	3	222	VA	8	273	NC	4
173	PA	3	223	VA	8	274	NC	4
174	PA	3	224	VA	5	275	NC	2
175	PA	3	225	VA	5	276	NC	2
176	PA	3	226	VA	3	277	NC	2
177	PA	3	227	VA	3	278	NC	1
178	PA	3	228	VA	3	279	NC	1
179	PA	3	229	VA	3	280	NC	3
180	PA	4	230	VA	5	281	NC	3
181	PA	4	231	VA	5	282	NC	5
182	PA	4	232	VA	5	283	NC	1
184	PA	4	234	VA	6	285	NC	1
185	PA	4	235	VA	6	286	NC	3
186	PA	4	236	VA	6	287	NC	3
187	PA	4	237	VA	6	288	NC	3
188	PA	4	238	VA	5	289	NC	3
189	PA	5	239	VA	3	290	SC	1
190	PA	5	240	VA	3	291	SC	1
191	PA	5	241	VA	3	292	SC	1
192	PA	5	242	VA	3	293	SC	1
193	PA	5	243	VA	3	294	SC	1
194	PA	5	244	VA	3	295	SC	1
195	PA	4	245	VA	3	296	SC	1
196	PA	4	246	VA	3	297	SC	1
197	DE	2	247	WV	3	298	SC	1
198	DE	3	248	WV	3	299	SC	1
199	DE	1	249	WV	3	300	GA	4
200	DC	6	250	WV	3	301	GA	2
201	VA	7	251	WV	3	302	GA	2
202	DC	6	252	WV	3	303	GA	5
203	DC	6	253	WV	3	304	GA	1
204	DC	6	254	WV	3	305	GA	1
205	DC	6	255	WV	3	306	GA	1
206	MD	5	256	WV	3	307	GA	1
207	MD	5	257	WV	3	308	GA	1
208	MD	5	258	WV	3	309	GA	1
209	MD	5	259	WV	3	310	GA	1
210	MD	5	260	WV	3	311	GA	5

Zip Code	State	Edge	Zip Code	State	Edge	Zip Code	State	Edge
312	GA	1	362	AL	1	414	KY	1
313	GA	1	363	AL	1	415	KY	1
314	GA	1	364	AL	1	416	KY	1
315	GA	1	365	AL	1	417	KY	1
316	GA	1	366	AL	1	418	KY	1
317	GA	1	367	AL	1	419	KY	1
318	GA	1	368	AL	1	420	KY	1
319	GA	1	369	AL	1	421	KY	1
320	FL	2	370	TN	1	422	KY	1
321	FL	2	371	TN	1	423	KY	1
322	FL	2	372	TN	1	424	KY	1
323	FL	1	373	TN	1	425	KY	1
324	FL	1	374	TN	1	426	KY	1
325	FL	1	375	TN	1	427	KY	1
326	FL	1	376	TN	1	428	KY	NA
327	FL	1	377	TN	1	429	KY	NA
328	FL	2	378	TN	1	430	OH	2
329	FL	2	379	TN	1	431	OH	2
330	FL	5	380	TN	1	432	OH	2
331	FL	6	381	TN	1	433	OH	1
332	FL	6	382	TN	1	434	OH	2
333	FL	5	383	TN	1	435	OH	2
334	FL	4	384	TN	1	436	OH	2
335	FL	3	385	TN	1	437	OH	2
336	FL	1	386	MS	1	438	OH	2
337	FL	2	387	MS	1	439	OH	2
338	FL	1	388	MS	1	440	OH	3
339	FL	1	389	MS	1	441	OH	3
340	FL	NA	390	MS	1	442	OH	2
341	FL	2	391	MS	1	443	OH	2
342	FL	2	392	MS	1	444	OH	2
343	FL	NA	393	MS	1	445	OH	2
344	FL	3	394	MS	1	446	OH	2
345	FL	NA	395	MS	1	447	OH	2
346	FL	2	396	MS	1	448	OH	1
347	FL	2	400	KY	1	450	OH	1
349	FL	2	401	KY	1	451	OH	1
350	AL	1	402	KY	1	452	OH	2
351	AL	1	403	KY	1	453	OH	2
352	AL	2	404	KY	1	454	OH	2
353	AL	NA	405	KY	1	455	OH	2
354	AL	1	406	KY	1	456	OH	2
355	AL	1	407	KY	1	457	OH	1
356	AL	1	408	KY	1	458	OH	2
357	AL	1	409	KY	1	459	OH	1
358	AL	1	410	KY	1	460	IN	1
359	AL	1	411	KY	1	461	IN	1
360	AL	1	412	KY	1	462	IN	1
361	AL	2	413	KY	1	463	IN	1

Zip Code	State	Edge	Zip Code	State	Edge	Zip Code	State	Edge
464	IN	1	514	IA	1	565	MN	2
465	IN	1	515	IA	1	566	MN	2
466	IN	1	516	IA	1	567	MN	2
467	IN	1	517	IA	NA	570	SD	1
468	IN	1	518	IA	NA	571	SD	1
469	IN	1	519	IA	NA	572	SD	1
470	IN	1	520	IA	1	573	SD	1
471	IN	1	521	IA	1	574	SD	1
472	IN	1	522	IA	1	575	SD	1
473	IN	1	523	IA	1	576	SD	1
474	IN	1	524	IA	1	577	SD	1
475	IN	1	525	IA	1	578	SD	NA
476	IN	1	526	IA	1	579	SD	NA
477	IN	1	527	IA	1	580	ND	1
478	IN	1	528	IA	1	581	ND	1
479	IN	1	530	WI	3	582	ND	1
480	MI	5	531	WI	3	583	ND	1
481	MI	5	532	WI	3	584	ND	1
482	MI	5	533	WI	NA	585	ND	1
483	MI	5	534	WI	3	586	ND	1
484	MI	2	535	WI	2	587	ND	1
485	MI	3	536	WI	NA	588	ND	1
486	MI	4	537	WI	5	590	MT	2
487	MI	2	538	WI	2	591	MT	2
488	MI	2	539	WI	3	592	MT	2
489	MI	3	540	WI	2	593	MT	2
490	MI	2	541	WI	2	594	MT	2
491	MI	2	542	WI	2	595	MT	2
492	MI	2	543	WI	4	596	MT	2
493	MI	2	544	WI	3	597	MT	2
494	MI	2	545	WI	1	598	MT	2
495	MI	2	546	WI	2	599	MT	2
496	MI	2	547	WI	3	600	IL	5
497	MI	2	548	WI	1	601	IL	5
498	MI	2	549	WI	3	602	IL	5
499	MI	2	550	MN	3	603	IL	5
500	IA	1	551	MN	4	604	IL	4
501	IA	1	552	MN	NA	605	IL	4
502	IA	1	553	MN	3	606	IL	5
503	IA	1	554	MN	4	607	IL	3
504	IA	1	555	MN	2	608	IL	1
505	IA	1	556	MN	2	609	IL	1
506	IA	1	557	MN	2	610	IL	1
507	IA	1	558	MN	2	611	IL	1
508	IA	1	559	MN	2	612	IL	1
509	IA	1	560	MN	2	613	IL	1
510	IA	1	561	MN	2	614	IL	1
511	IA	1	562	MN	2	615	IL	1
512	IA	1	563	MN	2	616	IL	1
513	IA	1	564	MN	2	617	IL	1

Zip Code	State	Edge	Zip Code	State	Edge	Zip Code	State	Edge
618	IL	1	668	KS	1	718	AR	1
619	IL	1	669	KS	1	719	AR	2
620	IL	1	670	KS	1	720	AR	1
621	IL	NA	671	KS	1	721	AR	1
622	IL	1	672	KS	1	722	AR	2
623	IL	1	673	KS	1	723	AR	1
624	IL	1	674	KS	1	724	AR	1
625	IL	1	675	KS	1	725	AR	1
626	IL	1	676	KS	1	726	AR	1
627	IL	1	677	KS	1	727	AR	2
628	IL	1	678	KS	1	728	AR	1
629	IL	1	679	KS	1	729	AR	1
630	MO	3	680	NE	2	730	OK	2
631	MO	3	681	NE	2	731	OK	2
632	MO	NA	682	NE	NA	732	OK	NA
633	MO	2	683	NE	2	733	OK	NA
634	MO	2	684	NE	2	734	OK	1
635	MO	2	685	NE	2	735	OK	1
636	MO	2	686	NE	1	736	OK	1
637	MO	2	687	NE	1	737	OK	1
638	MO	2	688	NE	1	738	OK	1
639	MO	2	689	NE	1	739	OK	1
640	MO	3	690	NE	1	740	OK	2
641	MO	3	691	NE	1	741	OK	2
642	MO	NA	692	NE	1	742	OK	NA
643	MO	NA	693	NE	1	743	OK	1
644	MO	2	694	NE	NA	744	OK	1
645	MO	2	695	NE	NA	745	OK	1
646	MO	2	696	NE	NA	746	OK	1
647	MO	2	697	NE	NA	747	OK	1
648	MO	2	698	NE	NA	748	OK	1
649	MO	2	699	NE	NA	749	OK	1
650	MO	2	700	LA	2	750	TX	3
651	MO	2	701	LA	2	751	TX	3
652	MO	2	702	LA	NA	752	TX	4
653	MO	2	703	LA	1	753	TX	4
654	MO	2	704	LA	1	754	TX	1
655	MO	2	705	LA	1	755	TX	1
656	MO	2	706	LA	1	756	TX	1
657	MO	2	707	LA	1	757	TX	1
658	MO	2	708	LA	2	758	TX	1
659	MO	NA	709	LA	NA	759	TX	1
660	KS	1	710	LA	1	760	TX	3
661	KS	1	711	LA	2	761	TX	3
662	KS	1	712	LA	1	762	TX	3
663	KS	NA	713	LA	1	763	TX	1
664	KS	1	714	LA	1	764	TX	1
665	KS	1	715	LA	NA	765	TX	1
666	KS	1	716	AR	1	766	TX	1
667	KS	1	717	AR	1	767	TX	1

Zip Code	State	Edge	Zip Code	State	Edge	Zip Code	State	Edge
768	TX	1	818	CO	NA	868	AZ	NA
769	TX	1	819	CO	NA	869	AZ	NA
770	TX	5	820	WY	1	870	NM	3
771	TX	NA	821	WY	1	871	NM	3
772	TX	5	822	WY	1	872	NM	NA
773	TX	3	823	WY	1	873	NM	2
774	TX	3	824	WY	1	874	NM	2
775	TX	3	825	WY	1	875	NM	3
776	TX	2	826	WY	1	876	NM	NA
777	TX	2	827	WY	1	877	NM	2
778	TX	1	828	WY	1	878	NM	2
779	TX	1	829	WY	1	879	NM	2
780	TX	1	830	WY	1	880	NM	2
781	TX	1	831	WY	1	881	NM	2
782	TX	1	832	ID	4	882	NM	2
783	TX	1	833	ID	4	883	NM	2
784	TX	1	834	ID	4	884	NM	2
785	TX	1	835	ID	4	885	NM	1
786	TX	2	836	ID	4	886	NM	NA
787	TX	2	837	ID	4	887	NM	NA
788	TX	1	838	ID	4	888	NM	NA
789	TX	2	839	ID	NA	889	NM	3
790	TX	1	840	UT	5	890	NV	2
791	TX	1	841	UT	5	891	NV	3
792	TX	1	842	UT	5	892	NV	NA
793	TX	1	843	UT	5	893	NV	2
794	TX	1	844	UT	5	894	NV	3
795	TX	1	845	UT	5	895	NV	3
796	TX	1	846	UT	5	896	NV	NA
797	TX	1	847	UT	5	897	NV	3
798	TX	1	848	UT	NA	898	NV	2
799	TX	1	849	UT	NA	900	CA	7
800	CO	3	850	AZ	4	901	CA	7
801	CO	3	851	AZ	2	902	CA	7
802	CO	3	852	AZ	4	903	CA	7
803	CO	3	853	AZ	3	904	CA	7
804	CO	3	854	AZ	NA	905	CA	7
805	CO	3	855	AZ	2	906	CA	7
806	CO	3	856	AZ	3	907	CA	7
807	CO	1	857	AZ	3	908	CA	7
808	CO	2	858	AZ	NA	909	CA	NA
809	CO	2	859	AZ	2	910	CA	7
810	CO	2	860	AZ	2	911	CA	7
811	CO	1	861	AZ	NA	912	CA	7
812	CO	1	862	AZ	NA	913	CA	7
813	CO	1	863	AZ	2	914	CA	7
814	CO	1	864	AZ	2	915	CA	7
815	CO	1	865	AZ	2	916	CA	7
816	CO	1	866	AZ	NA	917	CA	6
817	CO	NA	867	AZ	NA	918	CA	6

Zip Code	State	Edge	Zip Code	State	Edge
919	CA	7	969	GM	NA
920	CA	7	970	OR	4
921	CA	7	971	OR	4
922	CA	6	972	OR	4
923	CA	6	973	OR	4
924	CA	6	974	OR	4
925	CA	6	975	OR	4
926	CA	7	976	OR	3
927	CA	7	977	OR	3
928	CA	7	978	OR	3
929	CA	NA	979	OR	3
930	CA	7	980	WA	6
931	CA	8	981	WA	6
932	CA	7	982	WA	3
933	CA	7	983	WA	6
934	CA	7	984	WA	6
935	CA	7	985	WA	3
936	CA	6	986	WA	5
937	CA	6	987	WA	NA
938	CA	6	988	WA	2
939	CA	6	989	WA	2
940	CA	8	990	WA	2
941	CA	8	991	WA	2
942	CA	7	992	WA	2
943	CA	8	993	WA	2
944	CA	8	994	WA	2
945	CA	7	995	AK	8
946	CA	7	996	AK	8
947	CA	7	997	AK	8
948	CA	7	998	AK	8
949	CA	7	999	AK	8
950	CA	8			
951	CA	8			
952	CA	6			
953	CA	6			
954	CA	7			
955	CA	7			
956	CA	7			
957	CA	7			
958	CA	7			
959	CA	6			
960	CA	6			
961	CA	6			
962	CA	NA			
963	CA	NA			
964	CA	NA			
965	CA	NA			
966	CA	NA			
967	HI	6			
968	HI	6			

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19

Schedule Plans

Schedule options (See Policy Form Indiv. 9000 DC Rev. 03-12 section 200, 600 and 700)

Schedule plan rates do not vary by zip code. Trend does not apply to schedule plans.

<u>Schedule</u>	<u>Dental Annual Maximum</u>	<u>Includes Vision and Hearing benefits?</u>	<u>Waiting Period in months - (preventive-basic- major)</u>	<u>Frequencies</u>	<u>Adult Gross Rate</u>	<u>Children Gross Rate</u>
A	\$2,500	No	0-0-6	A	40.94	53.11
B	\$1,500	No	0-0-6	A	30.94	39.76
C	\$1,000	No	0-0-6	A	21.22	26.42
D	\$1,000	No	0-0-6	A	11.22	17.61
E	\$1,000	Yes	0-0-6	A	27.61	35.90
F	n/a	Yes	n/a	A	19.48	25.32
G	n/a	Yes	n/a	A	8.86	11.51
H	\$2,000	No	0-0-6	B	37.75	35.00
I	\$1,500	No	0-0-6	B	32.75	30.00
J	\$1,000	No	0-0-6	B	24.75	22.25
K	\$2,000	No	0-0-6	B	35.00	32.25
L	\$1,500	No	0-0-6	B	30.00	27.50
	\$1,000	No	0-0-6	B	22.00	19.75

Schedules can be increased or decreased by a maximum of +/-10%. The rate to modify a schedule are equivalent to the level of change. To increase a schedule, multiple the base rate times the 1 plus the desired change in the schedule.

Frequencies options

A	1 exam, 1 prophyl, 1 xray per benefit period
B	2 exam, 2 prophyl, 1 xray per benefit period

Schedule values for 35 most common procedures

Procedure Code	Description	Schedule ID												
		A	B	C	D	E	F	G	H	I	J	K	L	M
D0120	PERIODIC ORAL EVALUATION-ESTABLISHED PATIENT	30	23	18	12	12	25	25	30	25	20	25	20	20
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	39	30	18	12	12	25	25	30	25	20	25	20	20
D0150	COMPREHENSIVE ORAL EVALUATION-NEW OR ESTAB PATIENT	46	36	27	19	19	25	25	30	25	20	25	20	20
D0210	INTRAORAL - COMPLETE SERIES (INCLUDING BITEWINGS)	78	60	36	24	24	25	0	30	25	20	25	20	10
D0220	INTRAORAL - PERIAPICAL FIRST FILM	14	11	7	4	4	0	0	15	12	10	15	15	10
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL FILM	11	9	5	3	3	0	0	15	12	10	15	15	10
D0272	BITEWINGS - TWO FILMS	27	21	16	11	11	25	0	30	25	20	25	20	10
D0274	BITEWINGS - FOUR FILMS	42	33	25	18	18	25	0	30	25	20	25	20	10
D0330	PANORAMIC FILM	63	48	29	19	19	25	0	30	25	20	25	20	10
D1110	PROPHYLAXIS - ADULT	63	49	38	27	27	25	0	50	40	25	50	40	25
D1120	PROPHYLAXIS - CHILD	45	35	26	19	19	25	0	50	40	25	50	40	25
D2140	AMALGAM - ONE SURFACE - PRIMARY OR PERMANENT	66	51	30	20	20	0	0	50	40	30	45	40	20
D2150	AMALGAM - TWO SURFACES - PRIMARY OR PERMANENT	84	65	38	26	26	0	0	65	60	30	65	50	30
D2160	AMALGAM - THREE SURFACES - PRIMARY OR PERMANENT	101	78	46	31	31	0	0	65	60	30	65	50	30
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	80	62	37	25	25	0	0	50	40	30	45	40	20
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	101	78	46	31	31	0	0	65	60	30	65	50	30
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	127	98	58	39	39	0	0	65	60	30	65	50	30
D2335	RESIN-BASED COMP. 4+ SURFACES OR INCISAL, ANTERIOR	140	108	64	43	43	0	0	65	60	30	65	50	30
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	88	68	40	27	27	0	0	50	40	30	45	40	20
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	111	86	51	34	34	0	0	65	60	30	65	50	30
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	140	108	64	43	43	0	0	65	60	30	65	50	30
D2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURF, POSTERIOR	154	119	70	48	48	0	0	65	60	30	65	50	30
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	395	293	268	0	0	0	0	450	400	300	420	375	240
D2750	CROWN - PORCELAIN WITH GOLD	384	285	260	0	0	0	0	450	400	300	420	375	240
D2751	CROWN - PORCELAIN WITH NONPRECIOUS METAL	329	244	223	0	0	0	0	450	400	300	420	375	240
D2752	CROWN - PORCELAIN WITH SEMIPRECIOUS METAL	353	262	239	0	0	0	0	450	400	300	420	375	240
D2920	RECEMENT CROWN	52	40	24	16	16	0	0	50	50	40	45	50	40
D2950	CORE BUILD-UP, INCLUDING ANY PINS	79	59	54	0	0	0	0	50	50	40	45	50	40
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	105	78	71	0	0	0	0	50	50	40	45	50	40
D3330	ROOT CANAL, MOLAR, EXCLUDING FINAL RESTORATION	354	263	240	0	0	0	0	240	225	175	240	225	175
D4341	PERIODONTAL SCALING AND ROOT PLANING-4 OR MORE TTH	77	57	52	0	0	0	0	50	50	40	50	50	40
D4381	DELIVERY OF ANTIMICROBIAL AGENTS INTO TISSUE	56	42	38	0	0	0	0	30	30	30	30	30	30
D4910	PERIODONTAL MAINTENANCE	84	65	38	26	26	25	0	30	25	20	25	20	20
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	74	57	34	23	23	0	0	50	45	35	45	40	25
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVAT	142	110	65	44	44	0	0	50	45	35	45	40	25
Additional benefits														
Vision Exam Only		A	A	A	A	I	N	N	A	A	A	A	A	A
Hearing Exam Only		A	A	A	A	I	I	I	A	A	A	A	A	A
Vision flat max		A	A	A	A	N	I	I	A	A	A	A	A	A
LASIK		A	A	A	A	A	A	A	A	A	A	A	A	A
Fusion Simple		A	A	A	A	N	N	N	A	A	A	A	A	A

A = Available
I = Included
N = Not Available

AMERITAS LIFE INSURANCE CORP
Individual Dental Insurance
Policy Form(s): Indiv. 9000 DC Rev 02-19
U&C - Schedule Combination Plans

Policy Form Indiv. 9000 DC Rev. 03-12 section 200, 600 and 700

These plans have 80% or 100% coinsurance for preventive services and a schedule for all other services. For out of network preventive services, MAC allowances will apply.

Schedule plan rates do not vary by zip code. Trend does not apply to schedule plans.

Plan	Dental Annual Maximum	LASIK	FUSION	Hearing	Ortho	Frequencies	Adult Gross	Children Gross
							Rate	Rate
M1	\$750	No	No	No	No	A	18.50	26.15
M2	\$1,000	No	Yes	No	No	A	33.75	37.30
M3	\$1,250	Yes	Yes	No	No	B	46.80	56.05
MP1	\$1,000	No	No	No	No	A	19.25	26.80
MP2	\$1,250	No	Yes	No	No	A	36.80	41.10
MP3	\$2,000	Yes	Yes	No	Yes	B	55.55	65.80
S1	\$1,000	No	No	No	No	A	35.60	38.50
S2	\$1,500	No	Yes	No	No	A	43.70	45.15
S3	\$2,000	No	Yes	Yes	No	B	62.45	67.45

All 9 plans are subject to a \$25 per visit deductible and a 6 month waiting period for major services (if covered)

Frequencies options

A	1 exam, 1 prophyl, 1 xray per benefit period
B	2 exam, 2 prophyl, 1 xray per benefit period

Schedule values for 35 most common procedures

Procedure Code	Description	Plan								
		M1	M2	M3	MP1	MP2	MP3	S1	S2	S3
D0120	PERIODIC ORAL EVALUATION-ESTABLISHED PATIENT	80%	100%	100%	80%	100%	100%	100%	100%	100%
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	80%	100%	100%	80%	100%	100%	100%	100%	100%
D0150	COMPREHENSIVE ORAL EVALUATION-NEW OR ESTAB PA	80%	100%	100%	80%	100%	100%	100%	100%	100%
D0210	INTRAORAL - COMPLETE SERIES (INCLUDING BITEWINGS	80%	100%	100%	80%	100%	100%	100%	100%	100%
D0220	INTRAORAL - PERIAPICAL FIRST FILM	80%	100%	100%	80%	100%	100%	100%	100%	100%
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL FILM	80%	100%	100%	80%	100%	100%	100%	100%	100%
D0272	BITEWINGS - TWO FILMS	80%	100%	100%	80%	100%	100%	100%	100%	100%
D0274	BITEWINGS - FOUR FILMS	80%	100%	100%	80%	100%	100%	100%	100%	100%
D0330	PANORAMIC FILM	80%	100%	100%	80%	100%	100%	100%	100%	100%
D1110	PROPHYLAXIS - ADULT	80%	100%	100%	80%	100%	100%	100%	100%	100%
D1120	PROPHYLAXIS - CHILD	80%	100%	100%	80%	100%	100%	100%	100%	100%
D2140	AMALGAM - ONE SURFACE - PRIMARY OR PERMANENT	45	55	65	45	55	60	40	75	80
D2150	AMALGAM - TWO SURFACES - PRIMARY OR PERMANENT	55	65	75	55	65	85	45	95	105
D2160	AMALGAM - THREE SURFACES - PRIMARY OR PERMANEN	55	65	75	55	65	85	45	95	105
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	45	55	65	45	55	60	40	75	80
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	55	65	75	55	65	85	45	95	105
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	55	65	75	55	65	85	45	95	105
D2335	RESIN-BASED COMP- 4+ SURFACES OR INCISAL, ANTERIOR	55	65	75	55	65	85	45	95	105
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	45	55	65	45	55	60	40	75	80
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	55	65	75	55	65	85	45	95	105
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	55	65	75	55	65	85	45	95	105
D2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURF, POSTERIOR	55	65	75	55	65	85	45	95	105
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	0	225	300	0	250	350	300	335	400
D2750	CROWN - PORCELAIN WITH GOLD	0	225	300	0	250	350	300	335	400
D2751	CROWN - PORCELAIN WITH NONPRECIOUS METAL	0	225	300	0	250	350	300	335	400
D2752	CROWN - PORCELAIN WITH SEMIPRECIOUS METAL	0	225	300	0	250	350	300	335	400
D2920	RECEMENT CROWN	0	20	40	0	20	45	20	40	45
D2950	CORE BUILD-UP, INCLUDING ANY PINS	0	20	40	0	20	45	20	40	45
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	0	20	40	0	20	45	20	40	45
D3330	ROOT CANAL, MOLAR, EXCLUDING FINAL RESTORATION	0	250	320	0	275	335	275	320	335
D4341	PERIODONTAL SCALING AND ROOT PLANING-4 OR MORE	0	60	70	0	60	75	60	70	75
D4381	DELIVERY OF ANTIMICROBIAL AGENTS INTO TISSUE	0	100	115	0	100	130	100	115	130
D4910	PERIODONTAL MAINTENANCE	80%	100%	100%	80%	100%	100%	100%	100%	100%
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	45	55	65	45	55	80	70	90	100
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING EL	45	55	65	45	55	80	70	90	100

State:	District of Columbia	Filing Company:	Ameritas Life Insurance Corp.
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Indiv. 9000 Rev. 07-20-Dental Rates		
Project Name/Number:	Indiv. 9000 Rev. 07-20-Dental Rate/Indiv. 9000 Rev. 07-20-Dental Rate		

Supporting Document Schedules

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	Cover Letter.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A - This is not a Third Party Filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC Individual Memo ALIC 2020 v02.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	DC Individual Memo ALIC 2020 v02.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	Ameritas Life Insurance Corp.
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Indiv. 9000 Rev. 07-20-Dental Rates		
Project Name/Number:	Indiv. 9000 Rev. 07-20-Dental Rate/Indiv. 9000 Rev. 07-20-Dental Rate		

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	DC Individual Memo ALIC 2020 v02.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Side by Side Comparison
Comments:	
Attachment(s):	Side by Side comparison for DC 2020.pdf
Item Status:	
Status Date:	

Ameritas Life Insurance Corp. – Group Division
475 Fallbrook Blvd. • Lincoln, NE 68521-9033
p : 800.543.7784



January 14, 2020

Re: Ameritas Life Insurance Corp.
NAIC # 943-61301
FEIN # 47-0098400

Dear Sir/Madam:

Enclosed for your approval is our Individual rate memo and manual. These rates will be used with our Individual Dental policy Indiv. 9000 DC Rev. 02-19 that was approved by your Department on 12/4/2019 under SERFF tracking AMFA-131888214 . The proposed effective date for these rates will be 7/1/2020.

If you should have any questions, please don't hesitate to contact Pat Peterson, 800-745-1112, ext. 87200, or email ppeterson@ameritas.com.

Sincerely,

Pat Peterson

Pat Peterson
Sr. Contract Analyst

Actuarial Memorandum on Dental Rate Establishment
Policy Form(s): Indiv. 9000 DC Rev 02-19

1. Scope and Purpose

This is a filing for an individual dental policy. This policy also contains benefits for vision, LASIK, hearing, and teeth whitening benefits. Claims administration is performed by Ameritas Life Insurance Corp (ALIC) Marketing and policy issue and renewal is performed by ALIC and/or various TPAs.

With this filing:

1) Overall, the nationwide change in rates is expected to be an increase of 3.2%. This increase is expected to reduce the overall loss ratio to 60.6% from 62.6%. Experience in 2019 has shown loss ratios increasing from 58.6% to 62.6%. Upon review of the experience on this form, Graded Plans on Calendar Year benefits are driving a majority of the increase.

2) The non-ortho Calendar Year factors for Table 3a: 'Graded Plan Utilization Discount' (Rate Manual page 4) plan designs are being increased 4%. Experience for these plans designs have higher loss ratios. The goal with adjusting this table is to only impact these plan designs and not impact the changes made in our 2019 rate filing. Those changes, specifically the addition of plan year benefits, do not have credible experience yet, and as such, it is too early to know if a pricing adjustment is needed. Calendar Year Graded Plans are no longer being marketed, so this rate change will not impact any business currently being marketed.

Current	Calendar Year Graded Plans			Total		
	EP	Claims	Loss Ratio	EP	Claims	Loss Ratio
DC	74,637	43,032	57.7%	84,219	46,184	54.8%
Nationwide	53,250,220	34,055,854	64.0%	64,534,612	40,408,901	62.6%

Projected	Calendar Year Graded Plans			Total		
	EP	Claims	Loss Ratio	EP	Claims	Loss Ratio
DC	77,681	43,032	55.4%	87,263	46,184	52.9%
Nationwide	55,347,446	34,055,854	61.5%	66,631,923	40,408,901	60.6%

3) The rate manual has also been reorganized in an attempt to improve readability.

2. Benefit Description

This is a Dental plan of benefits for individuals. The benefit options available are outlined on the schedule of benefits page in the form filing and in the rate manual. A variety of plan designs are available.

Under this product, several plan designs will be available through a given distribution. To the extent that multiple distributions are marketing the same plan design, this will be treated as one plan. Experience from all distributions is to be considered together. Vision, LASIK, Hearing and Teeth Whitening benefits are available on the same basis. These additional benefits are not available on a stand-alone basis, they must be sold as part of a dental policy.

3. Premium Classes

This information is described in detail in the rating manual. Premiums will vary by plan design and zip code. For some plans, rates will vary by age. There are times when a nationwide rate based on the rate manual may be available.

4. Premium Modalization Rules

Premiums in the rate manual are monthly. Individuals can pay their premiums monthly, quarterly, semi-annual or annually with no modalization discounting. Billing fees will be applied on a per bill basis and may be reduced for bills paid on an automatic basis (credit card, bank withdraw, etc.) This billing fee will not exceed \$8 per bill.

Individuals may be charged a 1-time application fee that will not exceed \$35.

5. Renewability Clause

This is a Conditionally Renewable contract.

6. Average premium

The Average annual premium is \$700.08. As of Sep 2019 there are 0,170 members inforce in DC and 141,982 members inforce nationwide.

7. Lifetime Loss ratio

Over 10 years, we anticipate an average lifetime LR of 56%.

The lifetime loss ratio is based on the following assumptions:

<i>Trend :</i>	5.0%
<i>Interest rate :</i>	5.0%
<i>Growth:</i>	0.0%

Lapse rates:

Duration	Lapse
1	35.0%
2	25.0%
3	15.0%
4 and later	15.0%

Premiums for this product are level, but some plans include waiting periods or have graded benefits and we anticipate higher lapse early on, so the actual loss ratio has some durational aspects to it. Aging, selection and wear-off are indirectly reflected in the durational loss ratio.

Durational loss ratios :

Year 1	52.5%
Year 2	52.5%
Year 3	55.5%
Year 4+	60.0%

With these assumptions, the estimate was determined as follows:

Ameritas Individual Anticipated Loss ratio

Year	Lives	Lapse	Avg Premium	Total Premium	Expected	Ann L/R	Present Value	
					Claims		Prem	Claims
1	1,000	35%	700	700,082	367,543	52.50%	700,082	367,543
2	650	25%	735	477,806	250,848	52.50%	455,053	238,903
3	488	15%	772	376,658	209,045	55.50%	341,640	189,610
4	415	15%	810	336,330	201,798	60.00%	290,534	174,320
5	353	15%	851	300,387	180,232	60.00%	247,129	148,277
6	300	15%	894	268,051	160,830	60.00%	210,025	126,015
7	255	15%	938	239,235	143,541	60.00%	178,521	107,113
8	217	15%	985	213,764	128,258	60.00%	151,918	91,151
9	184	15%	1,034	190,319	114,191	60.00%	128,815	77,289
10	156	15%	1,086	169,425	101,655	60.00%	109,213	65,528
Lifetime					56%		2,812,930	1,585,749

Expenses break out as follows:

Individual Dental Product--Target Loss Ratio

Ameritas Loads

Claims & Admin
Sales
Actuarial/Legal/Other
Overhead
HIAFF Fee
Premium Tax
Profit
Total

Standard Percentage 2019

4.00%
3.00%
2.00%
3.00%
0.00%
2.00%
5.00%
19.00%

TPA share factors/Commissions

Marketing/Commissions
Administration (Billing, ID Cards etc.)
Total

Standard Percentage 2019

15.00%
10.00%
25.00%

Ameritas
TPA
Expense Ratio

19.00%
25.00%
44.00%

Target Loss Ratio

56.00%

8. Trend

Trend is 0% for this filing period. Trend does not apply to schedule plans.

9. Rate history

2010	Initial filing
June 2011	Trend only
April 2012	Trend only
October 2015	Trend and new options
August 2016	New options
March 2018	Modify Rate Manual + new plan options
March 2019	Modify Rate Manual with 2% trend (this filing)
June 2020	Modify Rate Manual

10. Experience (as of Sep 2019)

Note: 2017 experience includes the purchased SLICA book of business.

	DC only			Nationwide		
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio
2010	223	147	66.1%	96,076	77,713	80.9%
2011	3,167	786	24.8%	1,010,405	571,143	56.5%
2012	1,110	258	23.3%	2,783,630	1,438,710	51.7%
2013	11,830	5,449	46.1%	4,347,201	2,213,235	50.9%
2014	13,053	3,668	28.1%	6,683,967	3,424,637	51.2%
2015	19,350	8,121	42.0%	9,889,895	5,090,243	51.5%
2016	19,545	9,689	49.6%	10,880,122	5,469,651	50.3%
2017	56,250	25,871	46.0%	37,831,588	21,205,949	56.1%
2018	70,036	37,070	52.9%	59,414,868	34,809,596	58.6%
2019	84,219	46,184	54.8%	64,534,612	40,408,901	62.6%
Total	278,785	137,244	49.2%	197,472,364	114,709,778	58.1%

11. Effect of Proposed Changes

The proposed changes in this filing anticipate a 3.3% change in overall nationwide premiums. The non-ortho Calendar Year Factors in Table 3a: 'Graded Plan Utilization Discount' have been increased 4%. For DC, the proposed changes anticipate a 3.3% increase in rates.

12. Proposed Effective Date and Rating Period

The proposed effective date is 07/01/2020

13. Issue Age Limitations

The base rates in the manual have no issue age limitations.

14. Marketing

Marketing will be performed by captive Ameritas representatives or through noncaptive distributions. Marketing will be internet based, using telephone calls or via printed brochures.

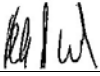
15. Other

There is no underwriting for this product other than basic verification of application data.

This is a dental and vision product. Mortality is not considered. Morbidity initially was based on similar products sold to individuals through associations sold under our group dental product. At this time, some consideration of the morbidity of this product was used to modify the rating factors. The addition of the SLICA business gives some credibility to the block.

16. Actuarial Certification

I certify that I am an actuary and am authorized to make this Rate Filing on behalf of the company, further that the information contained in related transmittals and the filing is true, complete, correct and, in compliance with all applicable state laws, including applicable policy readability standards. This filing is in conformity with all the applicable Actuarial Standards of Practice, including ASOP No. 8. I certify that the proposed premiums are not excessive, inadequate or unfairly discriminatory and are reasonable in relationship to the benefits provided.



Kelly J. Wieseler, F.S.A., M.A.A.A.
Senior Vice President and Group Chief Actuary
Ameritas Life Insurance Corp.

January 29, 2020

Date

Actuarial Memorandum on Dental Rate Establishment
Policy Form(s): Indiv. 9000 DC Rev 02-19

1. Scope and Purpose

This is a filing for an individual dental policy. This policy also contains benefits for vision, LASIK, hearing, and teeth whitening benefits. Claims administration is performed by Ameritas Life Insurance Corp (ALIC) Marketing and policy issue and renewal is performed by ALIC and/or various TPAs.

With this filing:

1) Overall, the nationwide change in rates is expected to be an increase of 3.2%. This increase is expected to reduce the overall loss ratio to 60.6% from 62.6%. Experience in 2019 has shown loss ratios increasing from 58.6% to 62.6%. Upon review of the experience on this form, Graded Plans on Calendar Year benefits are driving a majority of the increase.

2) The non-ortho Calendar Year factors for Table 3a: 'Graded Plan Utilization Discount' (Rate Manual page 4) plan designs are being increased 4%. Experience for these plans designs have higher loss ratios. The goal with adjusting this table is to only impact these plan designs and not impact the changes made in our 2019 rate filing. Those changes, specifically the addition of plan year benefits, do not have credible experience yet, and as such, it is too early to know if a pricing adjustment is needed. Calendar Year Graded Plans are no longer being marketed, so this rate change will not impact any business currently being marketed.

Current	Calendar Year Graded Plans			Total		
	EP	Claims	Loss Ratio	EP	Claims	Loss Ratio
DC	74,637	43,032	57.7%	84,219	46,184	54.8%
Nationwide	53,250,220	34,055,854	64.0%	64,534,612	40,408,901	62.6%

Projected	Calendar Year Graded Plans			Total		
	EP	Claims	Loss Ratio	EP	Claims	Loss Ratio
DC	77,681	43,032	55.4%	87,263	46,184	52.9%
Nationwide	55,347,446	34,055,854	61.5%	66,631,923	40,408,901	60.6%

3) The rate manual has also been reorganized in an attempt to improve readability.

2. Benefit Description

This is a Dental plan of benefits for individuals. The benefit options available are outlined on the schedule of benefits page in the form filing and in the rate manual. A variety of plan designs are available.

Under this product, several plan designs will be available through a given distribution. To the extent that multiple distributions are marketing the same plan design, this will be treated as one plan. Experience from all distributions is to be considered together. Vision, LASIK, Hearing and Teeth Whitening benefits are available on the same basis. These additional benefits are not available on a stand-alone basis, they must be sold as part of a dental policy.

3. Premium Classes

This information is described in detail in the rating manual. Premiums will vary by plan design and zip code. For some plans, rates will vary by age. There are times when a nationwide rate based on the rate manual may be available.

4. Premium Modalization Rules

Premiums in the rate manual are monthly. Individuals can pay their premiums monthly, quarterly, semi-annual or annually with no modalization discounting. Billing fees will be applied on a per bill basis and may be reduced for bills paid on an automatic basis (credit card, bank withdraw, etc.) This billing fee will not exceed \$8 per bill.

Individuals may be charged a 1-time application fee that will not exceed \$35.

5. Renewability Clause

This is a Conditionally Renewable contract.

6. Average premium

The Average annual premium is \$700.08. As of Sep 2019 there are 0,170 members inforce in DC and 141,982 members inforce nationwide.

7. Lifetime Loss ratio

Over 10 years, we anticipate an average lifetime LR of 56%.

The lifetime loss ratio is based on the following assumptions:

<i>Trend :</i>	5.0%
<i>Interest rate :</i>	5.0%
<i>Growth:</i>	0.0%

Lapse rates:

Duration	Lapse
1	35.0%
2	25.0%
3	15.0%
4 and later	15.0%

Premiums for this product are level, but some plans include waiting periods or have graded benefits and we anticipate higher lapse early on, so the actual loss ratio has some durational aspects to it. Aging, selection and wear-off are indirectly reflected in the durational loss ratio.

Durational loss ratios :

Year 1	52.5%
Year 2	52.5%
Year 3	55.5%
Year 4+	60.0%

With these assumptions, the estimate was determined as follows:

Ameritas Individual Anticipated Loss ratio

Year	Lives	Lapse	Avg Premium	Total Premium	Expected	Ann L/R	Present Value	
					Claims		Prem	Claims
1	1,000	35%	700	700,082	367,543	52.50%	700,082	367,543
2	650	25%	735	477,806	250,848	52.50%	455,053	238,903
3	488	15%	772	376,658	209,045	55.50%	341,640	189,610
4	415	15%	810	336,330	201,798	60.00%	290,534	174,320
5	353	15%	851	300,387	180,232	60.00%	247,129	148,277
6	300	15%	894	268,051	160,830	60.00%	210,025	126,015
7	255	15%	938	239,235	143,541	60.00%	178,521	107,113
8	217	15%	985	213,764	128,258	60.00%	151,918	91,151
9	184	15%	1,034	190,319	114,191	60.00%	128,815	77,289
10	156	15%	1,086	169,425	101,655	60.00%	109,213	65,528
Lifetime					56%		2,812,930	1,585,749

Expenses break out as follows:

Individual Dental Product--Target Loss Ratio

Ameritas Loads

Claims & Admin
Sales
Actuarial/Legal/Other
Overhead
HI/AFF Fee
Premium Tax
Profit
Total

Standard Percentage 2019

4.00%
3.00%
2.00%
3.00%
0.00%
2.00%
5.00%
19.00%

TPA share factors/Commissions

Marketing/Commissions
Administration (Billing, ID Cards etc.)
Total

Standard Percentage 2019

15.00%
10.00%
25.00%

Ameritas
TPA
Expense Ratio

19.00%
25.00%
44.00%

Target Loss Ratio

56.00%

8. Trend

Trend is 0% for this filing period. Trend does not apply to schedule plans.

9. Rate history

2010	Initial filing
June 2011	Trend only
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June 2020	Modify Rate Manual

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Note: 2017 experience includes the purchased SLICA book of business.

	DC only			Nationwide		
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Total	278,785	137,244	49.2%	197,472,364	114,709,778	58.1%

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The proposed changes in this filing anticipate a 3.3% change in overall nationwide premiums. The non-ortho Calendar Year Factors in Table 3a: 'Graded Plan Utilization Discount' have been increased 4%. For DC, the proposed changes anticipate a 3.3% increase in rates.

12. Proposed Effective Date and Rating Period

The proposed effective date is 07/01/2020

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The base rates in the manual have no issue age limitations.

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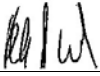
15. Other

There is no underwriting for this product other than basic verification of application data.

This is a dental and vision product. Mortality is not considered. Morbidity initially was based on similar products sold to individuals through associations sold under our group dental product. At this time, some consideration of the morbidity of this product was used to modify the rating factors. The addition of the SLICA business gives some credibility to the block.

16. Actuarial Certification

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Kelly J. Wieseler, F.S.A., M.A.A.A.
Senior Vice President and Group Chief Actuary
Ameritas Life Insurance Corp.

January 29, 2020

Date

Actuarial Memorandum on Dental Rate Establishment
Policy Form(s): Indiv. 9000 DC Rev 02-19

1. Scope and Purpose

This is a filing for an individual dental policy. This policy also contains benefits for vision, LASIK, hearing, and teeth whitening benefits. Claims administration is performed by Ameritas Life Insurance Corp (ALIC) Marketing and policy issue and renewal is performed by ALIC and/or various TPAs.

With this filing:

1) Overall, the nationwide change in rates is expected to be an increase of 3.2%. This increase is expected to reduce the overall loss ratio to 60.6% from 62.6%. Experience in 2019 has shown loss ratios increasing from 58.6% to 62.6%. Upon review of the experience on this form, Graded Plans on Calendar Year benefits are driving a majority of the increase.

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Current	Calendar Year Graded Plans			Total		
	EP	Claims	Loss Ratio	EP	Claims	Loss Ratio
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Nationwide	53,250,220	34,055,854	64.0%	64,534,612	40,408,901	62.6%

Projected	Calendar Year Graded Plans			Total		
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Nationwide	55,347,446	34,055,854	61.5%	66,631,923	40,408,901	60.6%

3) The rate manual has also been reorganized in an attempt to improve readability.

2. Benefit Description

This is a Dental plan of benefits for individuals. The benefit options available are outlined on the schedule of benefits page in the form filing and in the rate manual. A variety of plan designs are available.

Under this product, several plan designs will be available through a given distribution. To the extent that multiple distributions are marketing the same plan design, this will be treated as one plan. Experience from all distributions is to be considered together. Vision, LASIK, Hearing and Teeth Whitening benefits are available on the same basis. These additional benefits are not available on a stand-alone basis, they must be sold as part of a dental policy.

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This information is described in detail in the rating manual. Premiums will vary by plan design and zip code. For some plans, rates will vary by age. There are times when a nationwide rate based on the rate manual may be available.

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7. Lifetime Loss ratio

Over 10 years, we anticipate an average lifetime LR of 56%.

The lifetime loss ratio is based on the following assumptions:

<i>Trend :</i>	5.0%
<i>Interest rate :</i>	5.0%
<i>Growth:</i>	0.0%

Lapse rates:

Duration	Lapse
1	35.0%
2	25.0%
3	15.0%
4 and later	15.0%

Premiums for this product are level, but some plans include waiting periods or have graded benefits and we anticipate higher lapse early on, so the actual loss ratio has some durational aspects to it. Aging, selection and wear-off are indirectly reflected in the durational loss ratio.

Durational loss ratios :

Year 1	52.5%
Year 2	52.5%
Year 3	55.5%
Year 4+	60.0%

With these assumptions, the estimate was determined as follows:

Ameritas Individual Anticipated Loss ratio

Year	Lives	Lapse	Avg Premium	Total Premium	Expected	Ann L/R	Present Value	
					Claims		Prem	Claims
1	1,000	35%	700	700,082	367,543	52.50%	700,082	367,543
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Individual Dental Product--Target Loss Ratio

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Claims & Admin
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Actuarial/Legal/Other
Overhead
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Premium Tax
Profit
Total

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3.00%
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2.00%
5.00%
19.00%

TPA share factors/Commissions

Marketing/Commissions
Administration (Billing, ID Cards etc.)
Total

Standard Percentage 2019

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Ameritas
TPA
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25.00%
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Target Loss Ratio

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9. Rate history

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10. Experience (as of Sep 2019)

Note: 2017 experience includes the purchased SLICA book of business.

	DC only			Nationwide		
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Total	278,785	137,244	49.2%	197,472,364	114,709,778	58.1%

11. Effect of Proposed Changes

The proposed changes in this filing anticipate a 3.3% change in overall nationwide premiums. The non-ortho Calendar Year Factors in Table 3a: 'Graded Plan Utilization Discount' have been increased 4%. For DC, the proposed changes anticipate a 3.3% increase in rates.

12. Proposed Effective Date and Rating Period

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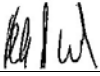
15. Other

There is no underwriting for this product other than basic verification of application data.

This is a dental and vision product. Mortality is not considered. Morbidity initially was based on similar products sold to individuals through associations sold under our group dental product. At this time, some consideration of the morbidity of this product was used to modify the rating factors. The addition of the SLICA business gives some credibility to the block.

16. Actuarial Certification

I certify that I am an actuary and am authorized to make this Rate Filing on behalf of the company, further that the information contained in related transmittals and the filing is true, complete, correct and, in compliance with all applicable state laws, including applicable policy readability standards. This filing is in conformity with all the applicable Actuarial Standards of Practice, including ASOP No. 8. I certify that the proposed premiums are not excessive, inadequate or unfairly discriminatory and are reasonable in relationship to the benefits provided.



Kelly J. Wieseler, F.S.A., M.A.A.A.
Senior Vice President and Group Chief Actuary
Ameritas Life Insurance Corp.

January 29, 2020

Date

Proposed

Table 3a: Graded Plan Utilization Discount

Grade	Year of Full Benefits: Cal Yr				Year of Full Benefits: Plan Yr		
	1	2	3		1	2	3
Preventive	1.04	1.01	0.98		1.00	0.94	0.85
Basic	1.04	1.01	0.98		1.00	0.94	0.85
Major	1.07	1.01	0.98		1.03	0.94	0.85
Ortho	1.00	0.97	0.94		1.00	0.97	0.94

Current

Table 7a: Graded Plan Utilization Discount

Grade	Year of Full Benefits: Cal Yr				Year of Full Benefits: Plan Yr		
	1	2	3		1	2	3
Preventive	1.00	0.97	0.94		1.00	0.94	0.85
Basic	1.00	0.97	0.94		1.00	0.94	0.85
Major	1.03	0.97	0.94		1.03	0.94	0.85
Ortho	1.00	0.97	0.94		1.00	0.97	0.94

Change

Table 7a: Graded Plan Utilization Discount

Grade	Year of Full Benefits: Cal Yr				Year of Full Benefits: Plan Yr		
	1	2	3		1	2	3
Preventive	4.0%	4.1%	4.3%		0.0%	0.0%	0.0%
Basic	4.0%	4.1%	4.3%		0.0%	0.0%	0.0%
Major	3.9%	4.1%	4.3%		0.0%	0.0%	0.0%
Ortho	0.0%	0.0%	0.0%		0.0%	0.0%	0.0%

*The changes proposed do not affect new business rates because Calendar Year Benefits are no longer being marketed
Please see the memo for experience related to these plans.

SERFF Tracking #:

AMFA-132221744

State Tracking #:

Company Tracking #:

INDIV. 9000 REV. 07-20-DENTAL RATE

State: District of Columbia

Filing Company:

Ameritas Life Insurance Corp.

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Indiv. 9000 Rev. 07-20-Dental Rates

Project Name/Number: Indiv. 9000 Rev. 07-20-Dental Rate/Indiv. 9000 Rev. 07-20-Dental Rate

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/14/2020		Supporting Document	Actuarial Memorandum	01/29/2020	DC Individual Memo ALIC 2020 v01.pdf (Superceded)
01/14/2020		Supporting Document	Actuarial Justification	01/29/2020	DC Individual Memo ALIC 2020 v01.pdf (Superceded)
01/14/2020		Supporting Document	Actuarial Memorandum and Certifications	01/29/2020	DC Individual Memo ALIC 2020 v01.pdf (Superceded)

Actuarial Memorandum on Dental Rate Establishment
Policy Form(s): Indiv. 9000 DC Rev 02-19

1. Scope and Purpose

This is a filing for an individual dental policy. This policy also contains benefits for vision, LASIK, hearing, and teeth whitening benefits. Claims administration is performed by Ameritas Life Insurance Corp (ALIC) Marketing and policy issue and renewal is performed by ALIC and/or various TPAs.

With this filing:

- 1) Overall, the nationwide change in rates is expected to be an increase of 3.2%. This increase is expected to reduce the overall loss ratio to 60.6% from 62.6%. Experience in 2019 has shown loss ratios increasing from 58.6% to 62.6%. Upon review of the experience on this form, Graded Plans on Calendar Year benefits are driving a majority of the increase.
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Current	Calendar Year Graded Plans			Total		
	EP	Claims	Loss Ratio	EP	Claims	Loss Ratio
DC	74,637	43,032	57.7%	84,219	46,184	54.8%
Nationwide	53,250,220	34,055,854	64.0%	64,534,612	40,408,901	62.6%

Projected	Calendar Year Graded Plans			Total		
	EP	Claims	Loss Ratio	EP	Claims	Loss Ratio
DC	77,681	43,032	55.4%	87,263	46,184	52.9%
Nationwide	55,347,446	34,055,854	61.5%	66,631,923	40,408,901	60.6%

- 3) The rate manual has also been reorganized in an attempt to improve readability.

2. Benefit Description

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Individuals may be charged a 1-time application fee that will not exceed \$35.

5. Renewability Clause

This is a Conditionally Renewable contract.

6. Average premium

The Average annual premium is \$700.08. As of Sep 2019 there are 0,170 members inforce in DC and 141,982 members inforce nationwide.

7. Lifetime Loss ratio

Over 10 years, we anticipate an average lifetime LR of 56%.

The lifetime loss ratio is based on the following assumptions:

<i>Trend :</i>	5.0%
<i>Interest rate :</i>	5.0%
<i>Growth:</i>	0.0%

Lapse rates:

Duration	Lapse
1	35.0%
2	25.0%
3	15.0%
4 and later	15.0%

Premiums for this product are level, but some plans include waiting periods or have graded benefits and we anticipate higher lapse early on, so the actual loss ratio has some durational aspects to it. Aging, selection and wear-off are indirectly reflected in the durational loss ratio.

Durational loss ratios :

Year 1	52.5%
Year 2	52.5%
Year 3	55.5%
Year 4+	60.0%

With these assumptions, the estimate was determined as follows:

Ameritas Individual Anticipated Loss ratio

Year	Lives	Lapse	Avg Premium	Total Premium	Expected	Ann L/R	Present Value	
					Claims		Prem	Claims
1	1,000	35%	700	700,082	367,543	52.50%	700,082	367,543
2	650	25%	735	477,806	250,848	52.50%	455,053	238,903
3	488	15%	772	376,658	209,045	55.50%	341,640	189,610
4	415	15%	810	336,330	201,798	60.00%	290,534	174,320
5	353	15%	851	300,387	180,232	60.00%	247,129	148,277
6	300	15%	894	268,051	160,830	60.00%	210,025	126,015
7	255	15%	938	239,235	143,541	60.00%	178,521	107,113
8	217	15%	985	213,764	128,258	60.00%	151,918	91,151
9	184	15%	1,034	190,319	114,191	60.00%	128,815	77,289
10	156	15%	1,086	169,425	101,655	60.00%	109,213	65,528
Lifetime					56%		2,812,930	1,585,749

Expenses break out as follows:

Individual Dental Product--Target Loss Ratio

Ameritas Loads	Standard Percentage 2019
Claims & Admin	4.00%
Sales	3.00%
Actuarial/Legal/Other	2.00%
Overhead	3.00%
HIAFF Fee	0.00%
Premium Tax	2.00%
Profit	5.00%
Total	19.00%
TPA share factors/Commissions	Standard Percentage 2019
Marketing/Commissions	15.00%
Administration (Billing, ID Cards etc.)	10.00%
Total	25.00%
Ameritas	19.00%
TPA	25.00%
Expense Ratio	44.00%
Target Loss Ratio	56.00%

8. Trend

Trend is 0% for this filing period. Trend does not apply to schedule plans.

9. Rate history

2010	Initial filing
June 2011	Trend only
April 2012	Trend only
October 2015	Trend and new options
August 2016	New options
March 2018	Modify Rate Manual + new plan options
March 2019	Modify Rate Manual with 2% trend (this filing)
June 2020	Modify Rate Manual

10. Experience (as of Sep 2019)

Note: 2017 experience includes the purchased SLICA book of business.

	DC only			Nationwide		
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio
2010	223	147	66.1%	96,076	77,713	80.9%
2011	3,167	786	24.8%	1,010,405	571,143	56.5%
2012	1,110	258	23.3%	2,783,630	1,438,710	51.7%
2013	11,830	5,449	46.1%	4,347,201	2,213,235	50.9%
2014	13,053	3,668	28.1%	6,683,967	3,424,637	51.2%
2015	19,350	8,121	42.0%	9,889,895	5,090,243	51.5%
2016	19,545	9,689	49.6%	10,880,122	5,469,651	50.3%
2017	56,250	25,871	46.0%	37,831,588	21,205,949	56.1%
2018	70,036	37,070	52.9%	59,414,868	34,809,596	58.6%
2019	84,219	46,184	54.8%	64,534,612	40,408,901	62.6%
Total	278,785	137,244	49.2%	197,472,364	114,709,778	58.1%

11. Effect of Proposed Changes

The proposed changes in this filing anticipate a 3.2% change in overall nationwide premiums. The non-ortho Calendar Year Factors in Table 3a: 'Graded Plan Utilization Discount' have been increased 4%. For DC, the proposed changes anticipate a 3.6% increase in rates.

12. Proposed Effective Date and Rating Period

The proposed effective date is 07/01/2020

13. Issue Age Limitations

The base rates in the manual have no issue age limitations.

14. Marketing

Marketing will be performed by captive Ameritas representatives or through noncaptive distributions. Marketing will be internet based, using telephone calls or via printed brochures.

15. Other

There is no underwriting for this product other than basic verification of application data.

This is a dental and vision product. Mortality is not considered. Morbidity initially was based on similar products sold to individuals through associations sold under our group dental product. At this time, some consideration of the morbidity of this product was used to modify the rating factors. The addition of the SLICA business gives some credibility to the block.

16. Actuarial Certification

I certify that I am an actuary and am authorized to make this Rate Filing on behalf of the company, further that the information contained in related transmittals and the filing is true, complete, correct and, in compliance with all applicable state laws, including applicable policy readability standards. This filing is in conformity with all the applicable Actuarial Standards of Practice, including ASOP No. 8. I certify that the proposed premiums are not excessive, inadequate or unfairly discriminatory and are reasonable in relationship to the benefits provided.



Kelly J. Wieseler, F.S.A., M.A.A.A.
Senior Vice President and Group Chief Actuary
Ameritas Life Insurance Corp.

January 14, 2020

Date

Actuarial Memorandum on Dental Rate Establishment
Policy Form(s): Indiv. 9000 DC Rev 02-19

1. Scope and Purpose

This is a filing for an individual dental policy. This policy also contains benefits for vision, LASIK, hearing, and teeth whitening benefits. Claims administration is performed by Ameritas Life Insurance Corp (ALIC) Marketing and policy issue and renewal is performed by ALIC and/or various TPAs.

With this filing:

- 1) Overall, the nationwide change in rates is expected to be an increase of 3.2%. This increase is expected to reduce the overall loss ratio to 60.6% from 62.6%. Experience in 2019 has shown loss ratios increasing from 58.6% to 62.6%. Upon review of the experience on this form, Graded Plans on Calendar Year benefits are driving a majority of the increase.

- 2) The non-ortho Calendar Year factors for Table 3a: 'Graded Plan Utilization Discount' (Rate Manual page 4) plan designs are being increased 4%. Experience for these plans designs have higher loss ratios. The goal with adjusting this table is to only impact these plan designs and not impact the changes made in our 2019 rate filing. Those changes, specifically the addition of plan year benefits, do not have credible experience yet, and as such, it is too early to know if a pricing adjustment is needed. Calendar Year Graded Plans are no longer being marketed, so this rate change will not impact any business currently being marketed.

Current	Calendar Year Graded Plans			Total		
	EP	Claims	Loss Ratio	EP	Claims	Loss Ratio
DC	74,637	43,032	57.7%	84,219	46,184	54.8%
Nationwide	53,250,220	34,055,854	64.0%	64,534,612	40,408,901	62.6%

Projected	Calendar Year Graded Plans			Total		
	EP	Claims	Loss Ratio	EP	Claims	Loss Ratio
DC	77,681	43,032	55.4%	87,263	46,184	52.9%
Nationwide	55,347,446	34,055,854	61.5%	66,631,923	40,408,901	60.6%

- 3) The rate manual has also been reorganized in an attempt to improve readability.

2. Benefit Description

This is a Dental plan of benefits for individuals. The benefit options available are outlined on the schedule of benefits page in the form filing and in the rate manual. A variety of plan designs are available.

Under this product, several plan designs will be available through a given distribution. To the extent that multiple distributions are marketing the same plan design, this will be treated as one plan. Experience from all distributions is to be considered together. Vision, LASIK, Hearing and Teeth Whitening benefits are available on the same basis. These additional benefits are not available on a stand-alone basis, they must be sold as part of a dental policy.

3. Premium Classes

This information is described in detail in the rating manual. Premiums will vary by plan design and zip code. For some plans, rates will vary by age. There are times when a nationwide rate based on the rate manual may be available.

4. Premium Modalization Rules

Premiums in the rate manual are monthly. Individuals can pay their premiums monthly, quarterly, semi-annual or annually with no modalization discounting. Billing fees will be applied on a per bill basis and may be reduced for bills paid on an automatic basis (credit card, bank withdraw, etc.) This billing fee will not exceed \$8 per bill.

Individuals may be charged a 1-time application fee that will not exceed \$35.

5. Renewability Clause

This is a Conditionally Renewable contract.

6. Average premium

The Average annual premium is \$700.08. As of Sep 2019 there are 0,170 members inforce in DC and 141,982 members inforce nationwide.

7. Lifetime Loss ratio

Over 10 years, we anticipate an average lifetime LR of 56%.

The lifetime loss ratio is based on the following assumptions:

<i>Trend :</i>	5.0%
<i>Interest rate :</i>	5.0%
<i>Growth:</i>	0.0%

Lapse rates:

Duration	Lapse
1	35.0%
2	25.0%
3	15.0%
4 and later	15.0%

Premiums for this product are level, but some plans include waiting periods or have graded benefits and we anticipate higher lapse early on, so the actual loss ratio has some durational aspects to it. Aging, selection and wear-off are indirectly reflected in the durational loss ratio.

Durational loss ratios :

Year 1	52.5%
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With these assumptions, the estimate was determined as follows:

Ameritas Individual Anticipated Loss ratio

Year	Lives	Lapse	Avg Premium	Total Premium	Expected	Ann L/R	Present Value	
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Lifetime					56%		2,812,930	1,585,749

Expenses break out as follows:

Individual Dental Product--Target Loss Ratio

Ameritas Loads	Standard Percentage 2019
Claims & Admin	4.00%
Sales	3.00%
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Profit	5.00%
Total	19.00%
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Total	25.00%
Ameritas	19.00%
TPA	25.00%
Expense Ratio	44.00%
Target Loss Ratio	56.00%

8. Trend

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Actuarial Memorandum on Dental Rate Establishment
Policy Form(s): Indiv. 9000 DC Rev 02-19

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